

<i>SERFF Tracking Number:</i>	<i>NAWS-125619362</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Western Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38774</i>
<i>Company Tracking Number:</i>	<i>01-1140-08</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>2001 CSO Filing - Changes to 01-1140-05</i>		
<i>Project Name/Number:</i>	<i>2001 CSO Filing - Changes to 01-1140-05/01-1140-08</i>		

## Filing at a Glance

Company: National Western Life Insurance Company

Product Name: 2001 CSO Filing - Changes to 01-1140-05  
 SERFF Tr Num: NAWS-125619362 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium  
 Adjustable Life  
 SERFF Status: Closed  
 State Tr Num: 38774

Sub-TOI: L09I.001 Single Life	Co Tr Num: 01-1140-08	State Status: Approved-Closed
Filing Type: Form	Co Status: Initial/Submitted	Reviewer(s): Linda Bird
	Author: Stephanie Foskitt	Disposition Date: 04/28/2008
	Date Submitted: 04/22/2008	Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 2001 CSO Filing - Changes to 01-1140-05  
 Project Number: 01-1140-08  
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized  
 Date Approved in Domicile:  
 Domicile Status Comments: This form is deemed exempt in our state of domicile, Colorado, under Bulletin 5-92.

Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:

Market Type: Individual  
 Group Market Size:  
 Group Market Type:

Filing Status Changed: 04/28/2008  
 State Status Changed: 04/28/2008  
 Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Re: 2001 CSO Form Changes Filing

Flexible Premium Adjustable Life Policy, Form 01-1140-08

Replacing 01-1140-05 approved for use on June 1, 2005

National Western Life Insurance Company, NAIC 66850, FEIN 84-0467208

<i>SERFF Tracking Number:</i>	<i>NAWS-125619362</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>2001 CSO Filing - Changes to 01-1140-05</i>		
<i>Project Name/Number:</i>	<i>2001 CSO Filing - Changes to 01-1140-05/01-1140-08</i>		

To Whom It May Concern:

Attached is the above captioned form submitted to your state for formal approval. This form will replace a previously approved form, number 01-1140-05, approved in Arkansas on June 1, 2005. This form is deemed exempt by our state of domicile, Colorado, under Bulletin 5-92. This filing contains no unusual or possibly controversial items from normal industry standards. The form will be illustrated.

The following changes were made to comply with the new 2001 CSO mortality tables. A red-lined copy of the old form is also attached for your convenience.

Change Number 1:

On the face page and back page, in the brief description, we changed age 100 to 121.

Change Number 2:

On page 8, in the Death Benefit Extension provision, we changed age 100 to age 121.

Change Number 3:

On page 8, in the Table of Death Benefit Percent, we changed the last age 95 to "95 – 121".

Thank you for your time and consideration in this matter. If you have any questions or need more information, please feel free to contact me by email at [SFoskitt@NationalWesternLife.com](mailto:SFoskitt@NationalWesternLife.com) or by phone at 512-719-1563.

Sincerely,

Stephanie Foskitt  
Contract Compliance Analyst

We reserve the right to change the format of this form without changing any of the language. Printing standards will never be less than those required by your state.

SERFF Tracking Number:      NAWS-125619362      State:      Arkansas

Filing Company:      National Western Life Insurance Company      State Tracking Number:      38774

Company Tracking Number:      01-1140-08

TOI:      L09I Individual Life - Flexible Premium      Sub-TOI:      L09I.001 Single Life  
Adjustable Life

Product Name:      2001 CSO Filing - Changes to 01-1140-05

Project Name/Number:      2001 CSO Filing - Changes to 01-1140-05/01-1140-08

## Company and Contact

### Filing Contact Information

Stephanie Foskitt, Contract Compliance Analyst SFoskitt@NationalWesternLife.com

National Western Life Insurance Company      (512) 719-1563 [Phone]  
Austin, TX 78752      (512) 719-8522[FAX]

### Filing Company Information

National Western Life Insurance Company	CoCode: 66850	State of Domicile: Colorado
850 East Anderson Lane	Group Code: -99	Company Type:
Austin, TX 78752-1602	Group Name:	State ID Number:
(512) 836-1010 ext. [Phone]	FEIN Number: 84-0467208	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per filing x 1 filing = \$50 total
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Western Life Insurance Company	\$50.00	04/22/2008	19818278

<i>SERFF Tracking Number:</i>	<i>NAWS-125619362</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Western Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38774</i>
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<i>Product Name:</i>	<i>2001 CSO Filing - Changes to 01-1140-05</i>		
<i>Project Name/Number:</i>	<i>2001 CSO Filing - Changes to 01-1140-05/01-1140-08</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Linda Bird	04/28/2008	04/28/2008

### Amendments

<b>Item</b>	<b>Schedule</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Flexible Premium Adjustable Life Policy	Form	Stephanie Foskitt	04/24/2008	04/24/2008

<i>SERFF Tracking Number:</i>	<i>NAWS-125619362</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 04/28/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:      NAWS-125619362      State:      Arkansas

Filing Company:      National Western Life Insurance Company      State Tracking Number:      38774

Company Tracking Number:      01-1140-08

TOI:      L09I Individual Life - Flexible Premium      Sub-TOI:      L09I.001 Single Life  
Adjustable Life

Product Name:      2001 CSO Filing - Changes to 01-1140-05

Project Name/Number:      2001 CSO Filing - Changes to 01-1140-05/01-1140-08

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Material		Yes
Supporting Document	Marked-up Policy		Yes
Supporting Document	Cover Letter		Yes
Form (revised)	Flexible Premium Adjustable Life Policy		Yes
Form	Flexible Premium Adjustable Life Policy		Yes

SERFF Tracking Number:      NAWS-125619362      State:      Arkansas

Filing Company:      National Western Life Insurance Company      State Tracking Number:      38774

Company Tracking Number:      01-1140-08

TOI:      L09I Individual Life - Flexible Premium      Sub-TOI:      L09I.001 Single Life  
Adjustable Life

Product Name:      2001 CSO Filing - Changes to 01-1140-05

Project Name/Number:      2001 CSO Filing - Changes to 01-1140-05/01-1140-08

## Amendment Letter

Amendment Date:

Submitted Date:      04/24/2008

### Comments:

Apologies for the confusion. The attached policy is identical to the one submitted, except for the "Maximum Monthly Administrative Rate" shown on page - corrected from \$0.10 to \$0.12.

### Changed Items:

#### Form Schedule Item Changes:

#### Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
01-1140-08	Policy/Contr act/Fraternal Certificate	Flexible Premium Adjustable Life Policy	Initial				0	01-1140-08 Flexible Premium Adjustable Life.pdf

SERFF Tracking Number:      NAWS-125619362      State:      Arkansas

Filing Company:      National Western Life Insurance Company      State Tracking Number:      38774

Company Tracking Number:      01-1140-08

TOI:      L09I Individual Life - Flexible Premium      Sub-TOI:      L09I.001 Single Life  
Adjustable Life

Product Name:      2001 CSO Filing - Changes to 01-1140-05

Project Name/Number:      2001 CSO Filing - Changes to 01-1140-05/01-1140-08

## Form Schedule

**Lead Form Number:** 01-1140-08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	01-1140-08	Policy/Cont	Flexible Premium ract/Fratern Adjustable Life Policy al Certificate	Initial		0	01-1140-08 Flexible Premium Adjustable Life.pdf

# NATIONAL WESTERN LIFE INSURANCE COMPANY

A Stock Company

EXECUTIVE OFFICE, AUSTIN, TEXAS  
HOME OFFICE, DENVER, COLORADO

INSURED

POLICY NUMBER

POLICY DATE

ISSUE AGE

OWNER

**NATIONAL WESTERN LIFE INSURANCE COMPANY** is called "we", "our", or "us". We will pay the Death Benefit Proceeds to the Beneficiary when we receive due proof of the Insured's death, while coverage is in force under the policy. All benefits are subject to the conditions and provisions of the policy.

## YOUR COVERAGE

This policy is issued in consideration of the application and the payment of the first premium when due. The policy and the application are the entire contract. The policy and the application attached to the policy are your evidence of coverage under the policy. The application is part of the policy and the policy was issued on the basis that all the answers to all the questions and the information shown on the application are correct and complete. Statements made in the application are representations and not warranties. No statement will be used by us to defend a claim or act to void your coverage evidenced by this policy, unless the statement is in a signed application. Only our officers may change your coverage evidenced by this policy or waive a right or requirement. No agent may do this. A change or waiver must be in writing.


## RIGHT TO CANCEL

You may cancel this policy by delivering or mailing a written notice or sending a telegram to us in Austin, Texas 78752-1602 or to our authorized agent. You must return the policy to us or our authorized agent before midnight of the twentieth day after the date you receive it. Notice given by mail and return of the policy by mail are effective on being postmarked, properly addressed, and postage prepaid. We must return all premiums paid for this policy within ten days after we receive notice to cancel and the returned policy.

Signed at our office in Austin, Texas as of the Policy Date.



Secretary



President

## READ YOUR POLICY CAREFULLY

This policy is a FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY WITH EQUITY INDEX OPTIONS. The ADJUSTABLE DEATH BENEFIT is payable upon death of the Insured. Premiums are payable until the Insured's age 121. Thereafter, no further Monthly Deductions will be made. NONPARTICIPATING. **THIS IS ONLY A BRIEF DESCRIPTION. THE INSURANCE IS FULLY DESCRIBED IN VARIOUS PROVISIONS OF THE POLICY.**

**NOTICE TO OWNER:** If you have questions or need information about this policy or if you need assistance in resolving a complaint, please call us at: 1-800-922-9422.

This policy is a legal contract between you and us.

## POLICY SUMMARY

This flexible premium adjustable life insurance policy provides life insurance as long as this policy remains in force. The amount of life insurance coverage and premium payments is adjustable as provided herein. The Account Balance is accumulated from the payment of premiums, the crediting of interest and deductions for cost of insurance, expenses, and rider costs. The Cash Value is available for full surrender, partial surrender, and Loans. Any Index Interest is linked in part to the values of the Standard & Poor's 500<sup>®</sup> Composite Stock Price Index (which excludes dividends). The policy does not participate in any stock, bond, or equity investments.

"Standard and Poor's<sup>®</sup>", "S&P<sup>®</sup>", "S&P 500<sup>®</sup>", "Standard and Poor's 500<sup>®</sup>" and "500" are trademarks of The McGraw-Hill Companies, Inc. and have been licensed for use by National Western Life Insurance Company. The product is not sponsored, endorsed, sold or promoted by Standard and Poor's and Standard and Poor's makes no representation regarding the advisability of purchasing this product.

This is only a brief description. The insurance is fully described in various provisions of the policy.

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## POLICY SPECIFICATIONS

NATIONAL WESTERN LIFE INSURANCE COMPANY  
850 EAST ANDERSON LANE, AUSTIN, TEXAS 78752-1602  
1-800-922-9422

<b>INSURED</b>	JOHN DOE	0100012345	<b>POLICY NUMBER</b>
<b>POLICY DATE</b>	MAY 1, 2008	35 MALE	<b>ISSUE AGE AND SEX</b>
<b>FACE AMOUNT</b>	\$100,000	THE INSURED	<b>OWNER</b>
<b>BENEFICIARY</b>	AS DESIGNATED IN THE APPLICATION FOR THE POLICY UNLESS CHANGED AS OTHERWISE PROVIDED IN THIS POLICY.		

SCHEDULE OF PREMIUMS		ANNUAL	SEMI - ANNUAL	QUARTERLY	MONTHLY	SPECIAL MONTHLY
PLANNED PERIODIC PREMIUM		\$2,510.03				
PREMIUM CLASS				PREMIUM PAYMENT METHOD		
NON - TOBACCO				ANNUAL		
THE TOTAL PREMIUMS INCLUDE THE CHARGE FOR THE ADDITIONAL BENEFITS						
FORM	DESCRIPTION OF BENEFITS			BENEFIT AMOUNT	PREMIUMS	
					YEARS PAYABLE	ANNUAL AMOUNT

01-1140-08	<b>FLEXIBLE PREMIUM LIFE – INITIAL FACE AMOUNT</b> <b>DEATH BENEFIT OPTION 1</b> MAXIMUM PERCENT OF PREMIUM CHARGE – 10% ALL POLICY YEARS MAXIMUM MONTHLY EXPENSE CHARGE - \$ 12.50 ALL POLICY YEARS MAXIMUM MONTHLY ADMINISTRATIVE RATE – [ \$ .12 ] PER 1,000 OF FACE AMOUNT INTEREST RATE BONUS – [0.5%] LOAN INTEREST RATE – [5.94%] NO LAPSE GUARANTEE PERIOD – [20] YEARS MINIMUM MONTHLY CONTINUATION PREMIUM -- \$61.00 MINIMUM FACE AMOUNT - \$100,000.00	\$100,000		FLEXIBLE
01-3048(REV.01/05)	CHILDREN'S TERM LIFE INSURANCE RIDER	\$5,000	1	\$30.00
01-3049	SPOUSE TERM INSURANCE RIDER	\$20,000	1	\$72.00
01-3073-05	TOTAL DISABILITY PREMIUM PAYMENT RIDER	\$1,250		SEE RIDER
01-3046	WAIVER OF MONTHLY DEDUCTION DISABILITY BENEFIT RIDER			SEE RIDER
01-3045(REV.06/01)	ACCIDENTAL DEATH BENEFIT RIDER	\$100,000		SEE RIDER
01-3071-96	LIVING BENEFIT RIDER			SEE RIDER
01-3099-01	TERM INSURANCE RIDER	\$25,000	1	\$35.75
01-3098-01	OTHER INSURED RIDER	\$100,000	1	\$143.00
01-3118-05	LIFETIME NO LAPSE PREMIUM RIDER			\$240.00
01-3119-05	LIFETIME NO LAPSE MINIMUM MONTHLY PREMIUM [ 87.08 ]			
	PAID UP RIDER			
	MINIMUM LOAN PERCENTAGE [95.50%]			
	MINIMUM AGE [75]			
	MINIMUM POLICY DURATION [15 YEARS]			
	ONE TIME CHARGE [4.00%]			
	OPTION A PARTICIPATION RATE FOR THE FIRST POLICY YEAR [ 100% ]			
	MINIMUM OPTION A PARTICIPATION RATE 25%			
	OPTION D MONTHLY INDEX CAP RATE [ 2.00% ]			
	MINIMUM OPTION D MONTHLY INDEX CAP RATE 1.00%			
	INDEX DATES [ JANUARY 10th, APRIL 10th, JULY 10th, OCTOBER 10th ]			
	SELECTIONS FOR THE 1 <sup>ST</sup> INDEX DATE:			
	INDEX INTEREST CREDIT OPTION A [50%]			
	INDEX INTEREST CREDIT OPTION D [50%]			
	FIXED INTEREST AMOUNT [ 0%]			

MONTHLY MAXIMUM COST OF INSURANCE RATES  
POLICY FORM NO. 01-1140-08

POLICY YEAR	RATE PER \$ 1,000.00	POLICY YEAR	RATE PER \$ 1,000.00
1	0.09333	44	4.82083
2	0.09750	45	5.38417
3	0.10333	46	6.01250
4	0.11083	47	6.69667
5	0.11750	48	7.42333
6	0.12667	49	8.21667
7	0.13750	50	9.10167
8	0.15083	51	10.08667
9	0.16667	52	11.17250
10	0.18417	53	12.34917
11	0.20333	54	13.60250
12	0.22250	55	14.92083
13	0.23833	56	16.23750
14	0.25083	57	17.53750
15	0.26667	58	18.90250
16	0.28750	59	20.34583
17	0.31417	60	21.87083
18	0.34667	61	23.38500
19	0.38417	62	24.86833
20	0.43167	63	26.45333
21	0.48500	64	28.14917
22	0.54000	65	29.96417
23	0.59333	66	31.70417
24	0.64750	67	33.25250
25	0.71000	68	34.90500
26	0.78583	69	36.66667
27	0.87833	70	38.53583
28	0.98583	71	40.51167
29	1.10333	72	42.61667
30	1.22667	73	44.86000
31	1.35417	74	47.25083
32	1.48417	75	49.79750
33	1.61917	76	52.50667
34	1.76250	77	55.39333
35	1.92250	78	58.46500
36	2.11000	79	61.73583
37	2.33833	80	65.21333
38	2.60417	81	68.91167
39	2.88500	82	72.84250
40	3.18667	83	77.01833
41	3.51583	84	81.45167
42	3.88667	85	83.33333
43	4.31833	86	83.33333

BASIS FOR GUARANTEED COST OF INSURANCE AND  
CASH VALUE  
100% OF THE 2001 COMMISSIONERS STANDARD ORDINARY  
MALE NS MORTALITY TABLE ULTIMATE ALB  
1% GUARANTEED ANNUAL INTEREST RATE  
4.0% UNAMORTIZED EXPENSE ALLOWANCE INTEREST RATE

SURRENDER CHARGES  
POLICY FORM NO. 01-1140-08

<u>POLICY YEAR</u>	<u>CHARGE</u>
1	\$2,100.00
2	\$1,995.00
3	\$1,890.00
4	\$1,764.00
5	\$1,638.00
6	\$1,512.00
7	\$1,386.00
8	\$1,260.00
9	\$1,155.00
10	\$1,050.00
11	\$945.00
12	\$840.00
13	\$735.00
14	\$630.00
15	\$525.00
16	\$420.00
17	\$315.00
18	\$210.00
19	\$105.00
20 and later	\$0.00

## DEFINITIONS

**POLICY ANNIVERSARY** means the month and day of the Policy Date of each year after the Policy Date.

**POLICY DATE** is the date from which Policy Anniversaries, Policy Years, Policy Months, and Monthly Anniversaries are determined. This date is shown on Page 1.

**POLICY MONTH** means a one month period beginning on each Monthly Anniversary and ending on the day before the succeeding Monthly Anniversary. The first month begins on the Policy Date.

**POLICY YEAR** means a one year period beginning on each Policy Anniversary and ending on the day before the succeeding Policy Anniversary. The first Policy Year begins on the Policy Date.

**MONTHLY ANNIVERSARY** means the day of the month in the Policy Date for each month after the Policy Date. If there is no such day of that month, the Monthly Anniversary will be the last day of that month.

**INSURED** means the person shown on Page 3 as the Insured.

**NET PREMIUM** means the premium paid multiplied by one minus a percent of premium charge that will never be greater than the maximum percent of premium charge shown on Page 3.

**PREMIUM CLASS** is the rating class of the Insured as determined through underwriting. The Premium Class is shown on Page 3.

## GENERAL PROVISIONS

### OWNER

The Owner is named on Page 1. The Owner is called "you". You have all rights under the policy during the lifetime of the Insured. If you die before the Insured, your estate becomes the Owner, unless you have provided otherwise.

You may name a contingent Owner or a new Owner at any time during the lifetime of the Insured. After the change is recorded at our office in Austin, Texas, it will be effective as of the date you requested it. It will not apply to any payment made or action taken by us before it was recorded.

### BENEFICIARY

The Beneficiary will receive the Death Benefit Proceeds when the Insured dies. If there are two or more living Beneficiaries, they will receive equal shares, unless you have provided otherwise. If no Beneficiary is living when the Insured dies, we will consider you to be the Beneficiary. If the Owner is not living, we will consider the estate of the Owner to be the Beneficiary.

The Beneficiary or Beneficiaries and any contingent Beneficiaries are named in the application. A contingent Beneficiary becomes the Beneficiary if the Beneficiary dies before the Insured.

You may name or change Beneficiaries or contingent Beneficiaries at any time during the lifetime of the Insured, except that a Beneficiary irrevocably designated may not be changed without that irrevocable Beneficiary's written consent. After the change is recorded at our office in Austin, Texas, it will be effective as of the date you requested it. It will not apply to any payment made or action taken by us before it was recorded.

### EFFECTIVE DATE

The Effective Date of coverage under this policy is when:

1. The application is approved at our office in Austin, Texas; and
2. We deliver the policy; and
3. The Initial Premium has been paid; and
4. Each of the prior three conditions is satisfied while the proposed Insured is alive and their health and insurability are as described in the application.

For any insurance that has been reinstated, the Effective Date shall be determined according to the provisions of the reinstatement application.

The Effective Date of reinstatement will be determined according to the terms of the reinstatement application. The Effective Date of a reinstated policy for purposes of the Suicide and Incontestability provisions shall be measured from the Effective Date of reinstatement.

#### **TERMINATION OF INSURANCE**

This policy will terminate at the earliest of:

1. The date that we receive a written request from you to surrender the policy for the Cash Value; or
2. The date that the Grace Period ends, without the required premium being paid, as described in the Grace Period provision; or
3. The date the Insured dies.

#### **DEATH BENEFIT PROCEEDS**

We will pay the Death Benefit Proceeds to the Beneficiary, subject to the provisions of this policy, when we receive due proof that the death of the Insured occurred while this policy was in force. The Death Benefit Proceeds will be:

1. The Death Benefit described below; less
2. Any Loans and unpaid Loan interest on the policy, as of the date of death.

#### **DEATH BENEFIT**

The Death Benefit is subject to the adjustments required by the Misstatement of Age or Sex, Incontestability, Suicide, Partial Surrender provisions, and by Option 1 and Option 2 below.

You have the choice of two death benefits. The option that applies at issue is stated on Page 3.

##### **Option 1**

The Death Benefit will be equal to the greater of:

1. The Face Amount, shown on Page 3; or
2. The Account Balance on the date of death multiplied by the Death Benefit percent in the following table for the Insured's age as of the last Policy Anniversary.

##### **Option 2**

The Death Benefit will be equal to the greater of:

1. The Face Amount, shown on Page 3, plus the Account Balance; or
2. The Account Balance on the date of death multiplied by the Death Benefit percent in the following table for the Insured's age as of the last Policy Anniversary.

**Table of Death Benefit Percent  
Insured's Age as of the Last Policy Anniversary**

<b>Attained Age</b>	<b>Death Benefit Percent</b>	<b>Attained Age</b>	<b>Death Benefit Percent</b>	<b>Attained Age</b>	<b>Death Benefit Percent</b>
0-40	250%	54	157%	68	117%
41	243	55	150	69	116
42	236	56	146	70	115
43	229	57	142	71	113
44	222	58	138	72	111
45	215	59	134	73	109
46	209	60	130	74	107
47	203	61	128	75-90	105
48	197	62	126	91	104
49	191	63	124	92	103
50	185	64	122	93	102
51	178	65	120	94	101
52	171	66	119	95-121	100
53	164	67	118		

#### **DEATH BENEFIT EXTENSION**

On the Policy Anniversary after the Insured attains age 121, the Death Benefit provision of this policy will apply, subject to the following conditions:

1. The policy must be in force.
2. No further premium payments will be accepted by us.
3. We will continue to credit interest at the declared rate.
4. Interest on Loans will continue to accrue.
5. No additional Loans or partial surrenders will be allowed.
6. There will be no further Monthly Deductions.
7. This provision will have no effect on the termination of any riders attached to this policy. All riders will terminate as provided in the rider.

The policy may not qualify as life insurance and may be subject to tax consequences. A tax advisor should be consulted.

#### **DEATH BENEFIT OPTION CHANGE**

Changes in the Death Benefit option may be requested in writing after the first Policy Anniversary. We reserve the right to require evidence of insurability satisfactory to us for a change from Option 1 to Option 2. When you change from Option 1 to Option 2, the Face Amount remains the same. However, the Death Benefit will be increased by the amount of the Account Balance. When you change from Option 2 to Option 1, the Death Benefit remains the same. However, the Face Amount will be increased by the amount of the Account Balance.

The Effective Date of the change will be the Monthly Anniversary following the day we approve the request for the change. Only one change is permitted in any twelve month period.

#### **FACE AMOUNT CHANGE**

At any time after the first Policy Anniversary, the Face Amount may be increased or decreased by written request from you. Changing the Face Amount is subject to:

1. Face Amount Decreases-  
Any decrease will become effective on the Monthly Anniversary following receipt of the request by us. Any such decrease will reduce the Face Amount in the following order:

- a. The most recent increase in Face Amount; then
- b. The next most recent Face Amount increases successively; then
- c. The initial Face Amount.

The Face Amount in effect at any time under this policy may not be less than the minimum Face Amount specified on Page 3.

## 2. Face Amount Increases-

Any request for an increase must be applied for on a separate application. It shall be subject to evidence of insurability satisfactory to us. The increase must be for a minimum of \$10,000. Any approved increase will be effective on the Monthly Anniversary shown in the Face Amount Change endorsement. It will result in application of the Face Amount increase charge described in the Monthly Deduction provision. Only one increase will be permitted in any twelve month period.

## **ACCOUNT BALANCE**

The Account Balance on the Policy Date will be zero.

The Account Balance on each Monthly Anniversary is equal to (a) plus (b) plus (c) plus (d) where:

- (a) is the Account Balance on the preceding Monthly Anniversary minus any partial surrenders and partial surrender charges since the last Monthly Anniversary minus the Monthly Deduction;
- (b) is any Net Premiums applied since the last Monthly Anniversary;
- (c) is the Fixed Interest, if any, as described in this policy;
- (d) is the Index Interest, if any, on the Index Amount, as described in the Index Interest Credit Option or Options attached to this policy.

On any day that is not a Monthly Anniversary, the Account Balance is equal to (a) plus (b).

## **FIXED INTEREST**

Fixed Interest is equal to (1) plus (2) plus (3) minus (4), where:

- (1) is the Monthly Interest Rate times the difference between (a), as stated above in the Account Balance provision, and the Total Index Amount, the result of which is not less than zero;
- (2) is the partial Monthly Interest Rate times the Net Premiums applied since the last Monthly Anniversary; the partial Monthly Interest Rate is based on the time period from the date the Net Premiums are applied to the Monthly Anniversary;
- (3) is the partial Monthly Interest Rate times the sum of any Index Amount with an Index Anniversary during the month and the Index Interest, if any, on the Index Amount; the partial Monthly Interest Rate is based on the time period from the Index Date to the Monthly Anniversary;
- (4) is the partial Monthly Interest Rate times any newly allocated Index Amount; the partial Monthly Interest Rate is based on the time period from the Index Date to the Monthly Anniversary.

Fixed Interest for (3) and (4) only occurs in policy months that include an Index Date.

## **FIXED INTEREST AMOUNT**

You may allocate a portion of the Account Balance to the Fixed Interest Amount on an Index Date according to the Fixed Interest Amount Allocation Percentage that you select, either on the application supplement or by your written request. The Fixed Interest Amount is the Allocation Percentage for the Fixed Interest Amount times the result of (a) minus (b) minus (c), where:

- (a) is the Account Balance on the prior Monthly Anniversary plus any Net Premium applied since the prior Monthly Anniversary minus any partial surrenders and partial surrender charges since the prior Monthly Anniversary plus any Index Interest credited on the Index Date minus the Yearly Charges;
- (b) is the Total Index Amount;
- (c) is any previously allocated amounts to the Fixed Interest Amount.

The amount allocated to the Fixed Interest Amount will remain allocated to the Fixed Interest Amount for twelve months. You may request in writing to transfer, according to the Changes and Transfers provision of this policy, all or part of the Fixed Interest Amount to an Index Amount.

The interest is credited to the Fixed Interest Amount on each Monthly Anniversary, as described in the Fixed Interest provision, using the Monthly Interest Rate.

The Fixed Interest Amount may be decreased due to transfers to an Index Amount or due to partial surrenders and partial surrender charges.

### **MONTHLY INTEREST RATE**

The Monthly Interest Rate used in calculating the Fixed Interest is not less than .083% per month, compounded monthly. This is the equivalent to a guaranteed annual interest rate of 1.0% compounded annually. We may use interest rates greater than the guaranteed annual interest rate of 1.0% compounded annually.

### **INTEREST RATE BONUS**

The Interest Rate Bonus is stated on Page 3 and is stated as an effective annual interest rate. The Interest Rate Bonus is credited to the Account Balance after the tenth Policy Anniversary and is subject to the following condition: The declared annual interest rate on the Account Balance as described in the Fixed Interest provision of this policy must be greater than the guaranteed annual interest rate of 1.0%.

When this condition is satisfied, the Interest Rate Bonus for the Fixed Interest and the Index Interest will be determined as follows:

1. The Interest Rate Bonus for the calculation of the Fixed Interest is the effective annual Interest Rate Bonus converted to a monthly Interest Rate Bonus. At the end of the first Monthly Anniversary following the tenth Policy Anniversary, and at the end of each Policy Month thereafter, in the calculation of the Fixed Interest, the monthly Interest Rate Bonus will increase the Monthly Interest Rate used in the calculation of the Fixed Interest.
2. The Interest Rate Bonus for the calculation of the Index Interest, as described in the Index Interest Credit Options attached to this policy, is the effective annual Interest Rate Bonus. On the first Index Anniversary following the tenth Policy Anniversary and on each Index Anniversary thereafter, the Index Interest will include the Interest Rate Bonus as stated on Page 3. The Interest Rate Bonus will increase the Index Interest in the Index Interest Credit Options attached to this policy.

### **MINIMUM GUARANTEED ACCOUNT BALANCE**

The Minimum Guaranteed Account Balance on the Policy Date will be zero.

The Minimum Guaranteed Account Balance on each Monthly Anniversary is equal to (1) plus (2) where:

- (1) is the Minimum Guaranteed Account Balance on the preceding Monthly Anniversary, less the Monthly Deduction for the prior Policy Month, less any partial surrenders and partial surrender charges since the last Monthly Anniversary, multiplied by 1.00083; and
- (2) is the Net Premiums received since the preceding Monthly Anniversary, multiplied by the portion of 1.00083 from the date the Net Premiums are applied by us to the Monthly Anniversary.

On any day which is not a Monthly Anniversary, the Minimum Guaranteed Account Balance is equal to the Minimum Guaranteed Account Balance on the last Monthly Anniversary, less any partial surrenders and partial surrender charges since the last Monthly Anniversary, plus any Net Premiums applied since the last Monthly Anniversary minus the Monthly Deduction for the current Policy Month.

### **INDEX INTEREST CREDIT OPTIONS**

We may provide for one or more Index Interest Credit Options. The Index Interest Credit Options available under this policy on the Policy Date are attached to this policy and are stated on Page 3. The Index Interest Credit Options state the method of determining the Index Interest, which is linked in part to the Index, on the Index Amount.

The Index Interest Credit Option or Options that you select for the first Index Date are shown on Page 3. After the first Index Date, you may request a change of the Index Interest Credit Option or Options that you selected on the application supplement. The changed Index Interest Credit Options that you select will apply to any available Index Amount on the next Index Date. The request to change the Index Interest Credit Option or Options must satisfy the Changes and Transfers provision of this policy.

## **CHANGES AND TRANSFERS**

For any Index Date you may request a change of the Fixed Interest Amount or the Index Interest Credit Option or Options and the Allocation Percentages for the Fixed Interest Amount and the Index Interest Credit Option or Options. You must request the change in writing, as described below.

For any Index Date after the first, you may request a transfer of all or a portion of the Fixed Interest Amount to an Index Amount. You must request the transfer in writing, as described below.

Your written request:

1. to change the Fixed Interest Amount; or
2. to change the Index Interest Credit Option or Options; or
3. to change the Allocation Percentages; or
4. to transfer all or a portion of the Fixed Interest Amount to an Index Amount;

must be received at our office in Austin, Texas at least 20 days prior to the next Index Date. The written request to change or transfer that is received after the 20 day notification period may not be processed by the Index Date. If the request to change or transfer is received after the 20 day notification period and is not processed prior to the Index Date, such request to change or transfer will apply to the following Index Date.

## **INDEX**

The Index is the Standard & Poor's 500® Composite Stock Price Index, which excludes dividends. If publication of the Index is discontinued, or the calculation is substantially changed or is not available to us, we may substitute an alternative index and notify you in writing.

## **INDEX DATES**

There are four Index Dates each calendar year. The four Index Dates are stated on Page 3.

The first Index Date of your policy is the Index Date immediately following the date the first Net Premium is applied.

## **INDEX VALUE**

On an Index Date, the Index Value is the closing value of the Index. Index Values on any date that is not an Index Date are as described in the Index Interest Credit Option or Options attached to this policy.

If the closing value of the Index is not available, we will use the closing value of the Index on the first preceding day for which the closing value of the Index is available.

## **CORRECTION OF ERROR IN THE INDEX VALUE**

If Standard & Poor's publishes a correction of the Index Value within 30 days of the original publication, the Index Value used in this policy will be the corrected Index Value. However, if Standard & Poor's publishes a correction of the Index Value more than 30 days past the original publication date, the Index Value used in this policy will be the original Index Value as originally published.

## **ALLOCATION PERCENTAGE**

The Allocation Percentage is the percentage that you select on the application supplement for each Index Interest Credit Option and for the Fixed Interest Amount. The Allocation Percentages that you select for the first Index Date are shown on Page 3. The Allocation Percentages must be in whole numbers and must add to no more than 100%.

The Allocation Percentages may be changed according to the Changes and Transfers provision of this policy.

## **INDEX AMOUNT**

The Index Amount(s) is the portion of the Account Balance allocated on an Index Date according to the Index Interest Credit Option or Options and the Allocation Percentages that you selected, either on the application

supplement or by your written request. The Index Amount is the Allocation Percentage for the Index Interest Credit Option times the result of (a) minus (b) minus (c), where:

- (a) is the Account Balance on the prior Monthly Anniversary plus any Net Premium applied since the prior Monthly Anniversary minus any partial surrenders and partial surrender charges since the prior Monthly Anniversary plus any Index Interest credited on the Index Date minus the Yearly Charges;
- (b) is the Total Index Amount;
- (c) is any previously allocated amounts to the Fixed Interest Amount.

An Index Amount will remain allocated to the Index Interest Credit Option for twelve months. Twelve months from each Index Date is a corresponding Index Anniversary. On each corresponding Index Anniversary, Index Interest, which is determined using the formula for the Index Interest Credit Option that you selected and which is attached to this policy, is calculated on the Index Amount. The Index Interest is credited to the Account Balance, as described in the Account Balance provision of this policy.

On any Index Date, an Index Amount may be increased due to transfers from the Fixed Interest Amount. The transfers from the Fixed Interest Amount must satisfy the Changes and Transfers provision of this policy.

Any Index Amount may be decreased due to partial surrenders and partial surrender charges, as described in the Partial Surrender provision of this policy.

### **YEARLY CHARGES**

The Yearly Charges are twelve times the Monthly Deduction for the month in which the Index Date occurs. It is used in the calculation of the Index Amount.

### **TOTAL INDEX AMOUNT**

On a date that is not an Index Date, the Total Index Amount is the sum of the Index Amounts allocated to the Index Interest Credit Option or Options that you selected for the prior four (4) Index Dates. On an Index Date, the Total Index Amount is the sum of the Index Amounts allocated to the Index Interest Credit Option or Options that you selected for the prior three (3) Index Dates.

### **MONTHLY DEDUCTION**

The Monthly Deduction for a Policy Month is equal to (1), plus (2), plus (3), plus (4), plus (5), where:

- (1) Is the Monthly Cost of Insurance and the cost of any additional benefits provided by rider for each Policy Month.
- (2) Is the monthly administration charge. The monthly administration charge cannot exceed the Maximum Monthly Administration Charge shown on Page 3.
- (3) Is the monthly expense charge. The monthly expense charge cannot exceed the Maximum Monthly Expense Charge shown on Page 3.
- (4) Is the Face Amount increase charge. It is equal to the amount of the increase times the increase charge shown below. The charge is made in the Policy Month when the increase is effective.
- (5) Is any amounts necessary to pay any taxes, fees, or assessments which may be imposed by State, Federal, or Municipal governments that have not otherwise been deducted.

<b>Face Amount Increase Charge Per \$1,000 Of Increase</b>	
<b><u>Attained Age</u></b>	<b><u>Charge</u></b>
0-35	\$2.00
36-40	3.00
41-45	4.00
46-50	5.00
Over 50	6.00

This is a one time charge made at the time the increase is effective. It is based on the Insured's age on the last Policy Anniversary.

### **MONTHLY COST OF INSURANCE**

The Monthly Cost of Insurance is equal to (1) minus (2) and then multiplying this result by (3), where:

- (1) Is the Death Benefit at the beginning of the Policy Month divided by the sum of one plus the minimum Monthly Interest Rate (1.00083).
- (2) Is the Account Balance at the beginning of the Policy Month.
- (3) Is the Monthly Cost of Insurance Rate.

### **COST OF INSURANCE RATE**

We will periodically set or adjust the Monthly Cost of Insurance Rate. The Monthly Cost of Insurance Rate is based on the Insured's rating class and sex on the Policy Date and attained age at the last Policy Anniversary. In setting these rates we will consider many factors including, but not limited to, mortality, expenses, investment return, inflation, taxes, assessments, and persistency. The monthly maximum cost of insurance rates are shown on Page 4. If a change is made in the current rate, the change will apply to all individuals in the same rating class as the Insured.

### **BASIS OF COMPUTATIONS**

Minimum cash values are based on the mortality table and interest rates shown on Page 4.

### **SURRENDER**

This policy may be surrendered on any Monthly Anniversary during the lifetime of the Insured upon written request to us by you. The amount payable upon surrender is the Cash Value. The Cash Value will be paid in a single sum or under a settlement option elected by you.

### **CASH VALUE**

The Cash Value is equal to:

1. The greater of the Account Balance or the Minimum Guaranteed Account Balance on the date of surrender, minus
2. Any Loans and Loan interest; minus
3. The surrender charge, if any.

If surrender is made within 30 days after a Policy Anniversary, the Cash Value will not be less than the Cash Value on that Policy Anniversary plus any Net Premiums received since the prior Policy Anniversary minus any partial surrenders and partial surrender charges or Loans made on or after that Policy Anniversary.

### **SURRENDER CHARGE**

The surrender charge used in the calculation of the Cash Value is from the Surrender Charge Table shown on Page 5.

### **PARTIAL SURRENDER**

A partial surrender may be made at any time during the lifetime of the Insured. A written request must be received by us from you. The maximum partial surrender that may be made is the Cash Value minus an amount equal to the sum of Monthly Deductions to the next Policy Anniversary. The minimum partial surrender is \$200.

When a partial surrender is made, the amount of the partial surrender will be deducted from the Account Balance.

If the amount of the partial surrender plus the partial surrender charge exceeds (a) plus (b) plus (c) minus (d) minus (e), where:

- (a) is the Account Balance on the prior Monthly Anniversary; and
- (b) is the Net Premium applied since the last Monthly Anniversary; and
- (c) is the Index Interest credited on the Index Date, if any, since the last Monthly Anniversary; and
- (d) is the Yearly Charges; and
- (e) is the Total Index Amount and the Fixed Interest Amount,

then an amount equal to this excess will be deducted first from the Fixed Interest Amount starting with the most recently created Fixed Interest Amount. After the deductions from all of the Fixed Interest Amounts, then any remaining excess will be deducted from the Index Amounts, starting with the most recently created Index Amount, until an amount equal to the excess has been deducted. If more than one Index Amount was created

on the same Index Date, the excess amount of the partial surrender plus the partial surrender charge will be deducted from each Index Amount proportionately.

The Face Amount will also be reduced by the amount of the partial surrender if the Death Benefit is Option 1. The remaining Face Amount will be subject to the minimum amount defined in the Face Amount Change provision.

A partial surrender charge of \$25 will be deducted from each partial surrender amount. Partial surrenders will be limited to one each Policy Year.

### **INITIAL PREMIUM**

The Initial Premium is the premium paid at our office in Austin, Texas on or before delivery of this policy or to an authorized agent upon delivery of a receipt signed by the agent.

### **PLANNED PERIODIC PREMIUMS**

The Planned Periodic Premium is shown on Page 3.

Changes in frequency and increases or decreases in amount of Planned Periodic Premium payments may be made by you. We reserve the right to limit the amount of any increase. If any payment would increase the Death Benefit by more than it increases the Account Balance, then evidence of insurability satisfactory to us may be required.

The maximum total paid premium that we will accept under this policy is limited to the guideline premium limitation as defined by Section 7702, Internal Revenue Code of 1986, or as later amended. Any premium that is determined to be in excess of this limit will be refunded.

After the Initial Premium is made, we will accept premium at our office in Austin, Texas while this policy is in force.

Between premium payments, this policy will be continued as described in the Continuation of Insurance provision.

### **CONTINUATION OF INSURANCE**

If premiums are not continued, the Death Benefit under this policy and any benefits provided by any rider will be continued, subject to the Grace Period provision, until the Cash Value is not enough to cover the Monthly Deduction. This provision will not continue the policy nor any rider beyond the termination date.

### **GRACE PERIOD**

If the Cash Value on the Monthly Anniversary is insufficient to cover the Monthly Deduction for the current Policy Month, this policy will remain in force during the 61 day Grace Period that follows. Notice of the required premium will be sent to the Owner at last known address, and any assignee of record at least 31 days prior to the lapse of this policy. If the required premium is not paid by the end of the Grace Period, all coverages under this policy will terminate without value. If a Death Benefit claim becomes payable during the Grace Period, we will pay the Death Benefit Proceeds, less any overdue Monthly Deduction.

During the number of Policy Years shown by the No Lapse Guarantee Period on Page 3 of this policy, the policy will not terminate if on each Monthly Anniversary the sum of premiums paid is equal to or exceeds 1 plus 2, where:

1. is the sum of the minimum monthly continuation premium in effect at the beginning of each Monthly Anniversary, starting with the Policy Date and ending with the current Monthly Anniversary.
2. is the sum of all existing Loans, Loan interest, and partial surrenders.

The initial Minimum Monthly Continuation Premium is stated on Page 3. For any coverage changes, other than a Face Amount decrease, the Minimum Monthly Continuation Premium will be adjusted to reflect the coverage change.

### **CONDITIONS FOR POLICY REINSTATEMENT**

If the Grace Period expires without enough premium being paid, you may reinstate this policy as follows:

1. The request for reinstatement must be made in writing during the Insured's lifetime and within five years after the expiration of the Grace Period; and

2. We must receive evidence of insurability satisfactory to us; and
3. Payment must be received for the lesser of:
  - a. the Monthly Deduction for the Grace Period, plus an amount sufficient to keep the policy in force for six months; or
  - b. the amount necessary to comply during the No Lapse Guarantee Period; and
4. The Effective Date of the reinstatement will be determined according to the terms of the reinstatement application. The Effective Date of a reinstated policy for purpose of the Incontestability provision shall be measured from the Effective Date of reinstatement; and
5. Payment or reinstatement of any Loans and Loan interest against the policy that existed at the end of the Grace Period must be made.

## **LOAN**

You may obtain a Loan from us using the Cash Value as the only Loan security. The Loan must be requested in writing and received by us. It will have the following conditions:

1. The Loan may not exceed the Cash Value, minus the sum of the Monthly Deductions to the next Policy Anniversary.
2. The Loan Interest Rate for the first Policy Year is shown on Page 3. Loan interest is payable in advance on the amount borrowed to the next Policy Anniversary. On each Policy Anniversary, Loan interest is payable in advance for the next Policy Year. Interest not paid when due will be added to the Loan and bear interest at the same rate.
3. All or part of the Loan may be repaid to us any time the policy is in force during the lifetime of the Insured. Each payment must be at least \$50.
4. Upon surrender of the policy for the Cash Value, any Loan and Loan interest are deducted from the Cash Value as described in the Cash Value provision.
5. Upon the death of the Insured, the Loan and Loan interest are deducted from the Death Benefit Proceeds, as described in the Death Benefit Proceeds provision of this policy.
6. If the Loan balance becomes more than the Account Balance, less surrender charge, this policy will remain in force during the 61 day Grace Period that follows. Notice of required premium will be sent to the Owner and any assignee of record at least 31 days prior to the lapse of this policy. The policy will lapse unless the Grace Period provisions are met.
7. The policy must be in force when the Loan request is made.

## **LOAN INTEREST RATE**

The Loan Interest Rate is the effective annual rate that is the greater of:

1. The "Published Monthly Average" rate; or
2. The guaranteed annual interest rate plus 1%.

The Loan Interest Rate is subject to the following conditions:

1. It will not be greater than the maximum adjustable rate permitted by the laws of the state where this policy is issued.
2. It will be established on the Policy Date and on every Policy Anniversary thereafter. The Loan Interest Rate for Loans made in the first Policy Year is shown on Page 3. The Loan Interest Rate will be changed, subject to 3 and 4 below, only on Policy Anniversaries.

3. If the Loan Interest Rate for a Policy Year is at least ½% higher than the Loan Interest Rate in effect for the previous Policy Year, we will change to the higher rate.
4. If the Loan Interest Rate for a Policy Year is at least ½% lower than the Loan Interest Rate in effect for the previous Policy Year, we will change to the lower rate.
5. It will be expressed in terms of the equivalent rate payable in advance.

Every time you make a Loan we will notify you of the initial Loan Interest Rate on that Loan. The Loan Interest Rate for all new and existing Loans is determined on each Policy Anniversary each Policy Year. If you have a Loan, we will send you written notice of any change in the Loan Interest Rate at least 30 days before the Policy Anniversary.

The "Published Monthly Average" means:

1. Moody's Corporate Bond Yield Average – Monthly Average Corporates as published by Moody's Investors Service, Inc., or any successor thereto; or
2. In the event that Moody's Corporate Bond Yield Average – Monthly Average Corporates is no longer published, a substantially similar average will be established by regulation issued by the insurance Commissioner of the state where this policy was issued.

The Loan Interest Rate is determined on January first and July first of each calendar year. The January rate equals the Average for the previous October and applies to Policy Years in which the Policy Date is in January through June. The July rate equals the Average for the previous April and applies to Policy Years in which the Policy Date is in July through December.

#### **ANNUAL REPORT**

An Annual Report will be sent to you at least once a year without charge. This report will show the current amount of insurance, Account Balance, Cash Value, and Loan balance of the policy. It will also show the premiums paid, partial surrenders, and the charges made on the policy since the last report.

#### **PROJECTION REPORT**

You may at any time request a Projection Report. The projection will be made for at least 20 years from the date of the report on a year-by-year basis. The report will begin with the Account Balance of this policy on the date of this report. The report will have a projection using the guaranteed annual interest rate, maximum expense charges, and the guaranteed maximum costs of insurance. You are entitled to one Projection Report each calendar year without charge. The fee for each additional projection report will not exceed \$15.00.

#### **DELAYED PAYMENT OF CASH SURRENDER OR POLICY LOAN**

We have the right to delay the payment of any cash surrender or the granting of a Loan for up to six months after a request in writing, unless the Loan will be used to pay premiums.

#### **SUICIDE**

Within two years after the Policy Date, if the death of the Insured is the result of suicide, while sane or insane, we will pay nothing under the policy except to return premiums that have been paid, less all partial surrenders and partial surrender charges and any Loan balance.

Within two years from the Effective Date of any increase in the Face Amount, if the death of the Insured is the result of suicide, while sane or insane, we will pay nothing with respect to the increases except to return all Monthly Deductions deducted for such increases.

#### **INCONTESTABILITY**

With respect to statements made in the initial application, any subsequent applications, and amendments thereto for this policy, we will not contest this policy after it has been in force during the lifetime of the Insured for two years from the Policy Date, except for rider provisions relating to disability benefits or additional benefits in the event of accidental death.

With respect to statements made in any application for increases or additions in coverage, we will not contest the increase or addition in coverage after the increase or addition has been in force during the lifetime of the

Insured, for two years after the Effective Date of the increase or addition, except for rider provisions relating to disability benefits or additional benefits in the event of accidental death.

With respect to statements made in the application for policy reinstatements, we will not contest the policy reinstatement after the reinstatement has been in force during the lifetime of the Insured for two years after the Effective Date of reinstatement, except for fraud.

**MISSTATEMENT OF AGE OR SEX**

This policy is issued at the age and sex shown on Page 3. This is the Insured's age at last birthday on the Policy Date, according to the Insured's date of birth and sex given in the application. If the age or sex of the Insured has been misstated, the Death Benefit shall be that which would have been purchased using the cost of insurance rates based on the correct age or sex.

**ASSIGNMENT**

You may assign rights under this policy to someone else unless an irrevocable Beneficiary has been designated. However, we will not be bound by the assignment until notice is recorded at our office in Austin, Texas. Any assignment will be subject to any amounts owed to us before the assignment was recorded. We are not responsible for the validity of any assignment.

## SETTLEMENT OPTIONS

### GENERAL PROVISIONS

Instead of payment in one sum, the Cash Value or Death Benefit Proceeds of this policy may be paid under one of the settlement options listed below.

The amount applied to an option must be at least \$2,000 or to provide periodic payments of at least \$20.

Before proceeds are due, you may choose or change an option by writing to us. After the proceeds are due, the payee may choose an option if:

1. You have not made a prior choice which is still in force; and
2. The proceeds are due in one sum and have not been paid.

Unless you name a payee, you will be the payee for all amounts other than death proceeds. If the payee is not a natural person an option is not available without our consent. An option is not available to an assignee.

An option starts when proceeds are due, if:

1. An option has been chosen;
2. You have sent us this policy; and
3. We have sent the payee an option agreement.

The option agreement will describe the payments the payee will get. If the payee stops the option agreement in the first 60 days after the option starts, we will pay the original proceeds less any payments we have already made.

### INTEREST

The interest rate for all options is 2.0% a year, compounded annually. Excess interest may be allowed at our discretion.

### FIRST PAYMENT

The first payment under Options 1 through 4 is made when the option starts. Under Option 5 interest is earned from the date the option starts.

### OPTION 1 - INCOME FOR LIFE

The proceeds may be paid in equal monthly payments until the payee dies. The amount of each payment is shown in Option 1 Table. We may require proof of the payee's age.

### OPTION 2 - LIFE INCOME WITH A GUARANTEED PERIOD

The proceeds may be paid in equal monthly payments. These payments may be guaranteed for 5, 10, 15, or 20 years. After the guaranteed payments have been made, payments will be made until the payee dies. The amount of each payment is shown in Option 2 Table. We may require proof of the payee's age.

### OPTION 3 - LIFE INCOME WITH INSTALLMENT REFUND

The proceeds may be paid in equal monthly payments. These payments will be guaranteed until the total paid equals the proceeds applied. After the guaranteed payments have been made, payments will be made until the payee dies.

### OPTION 4 - PAYMENTS FOR A FIXED PERIOD

The proceeds may be paid in equal monthly payments for up to 30 years. The amount of each payment is shown in Option 4 Table.

### OPTION 5 - INTEREST

The proceeds may be left with us to earn interest for a specified period. This period may not exceed 30 years. After the option starts, the payee may withdraw in one sum any unpaid amount left with us with any unpaid interest. If the payee dies before the end of the specified period any unpaid amount together with any unpaid interest will be paid in one sum to the payee's estate.

### BASIS OF CALCULATIONS

The payment amounts illustrated in Option Tables 1, 2, and 3 are based on the 1983 Table a (female), projected to 1995, and 2.0% interest. The attained age of the payee when the option starts will be adjusted downward by one year for each full five (5) year period that has elapsed since January 1, 1995.

We reserve the right to reduce the settlement option payments after such payments have begun, to reflect any State, Federal, or Municipal taxes or any fees or assessments, payment of which is required or authorized by law, which have not otherwise been deducted or offset.

**OPTION 1 AND 2 TABLE - MINIMUM INCOME FOR LIFE OR LIFE  
INCOME WITH GUARANTEED PERIOD**

Monthly payments per \$1,000 of proceeds based on adjusted age of payee when option starts.

The payment for ages not shown will be furnished upon request.

Payments based on 1983 Table a (female), projected to 1995, and 2.0% interest.

Adjusted Age of Payee	Income For Life	5 Years Guaranteed	10 Years Guaranteed	15 Years Guaranteed	20 Years Guaranteed
50	\$3.14	\$3.14	\$3.13	\$3.12	\$3.09
51	3.19	3.19	3.18	3.17	3.14
52	3.25	3.25	3.24	3.22	3.19
53	3.31	3.31	3.29	3.27	3.24
54	3.37	3.37	3.35	3.33	3.29
55	3.43	3.43	3.42	3.39	3.35
56	3.50	3.50	3.48	3.45	3.40
57	3.57	3.57	3.55	3.52	3.46
58	3.65	3.64	3.62	3.58	3.52
59	3.73	3.72	3.69	3.65	3.58
60	3.81	3.80	3.78	3.73	3.65
61	3.90	3.89	3.86	3.80	3.71
62	3.99	3.98	3.95	3.88	3.78
63	4.09	4.08	4.04	3.97	3.85
64	4.20	4.18	4.14	4.05	3.92
65	4.31	4.29	4.24	4.14	3.99
66	4.43	4.41	4.35	4.23	4.06
67	4.55	4.53	4.46	4.33	4.14
68	4.69	4.66	4.58	4.43	4.21
69	4.83	4.80	4.70	4.53	4.28
70	4.98	4.94	4.83	4.64	4.35
71	5.14	5.10	4.97	4.74	4.42
72	5.31	5.26	5.12	4.85	4.48
73	5.50	5.44	5.27	4.96	4.55
74	5.69	5.63	5.43	5.07	4.61
75	5.91	5.83	5.59	5.19	4.66

**OPTION 3 TABLE - LIFE INCOME WITH INSTALLMENT REFUND**

Monthly payments per \$1,000 of proceeds based on adjusted age of payee when option starts.

The payment for ages not shown will be furnished upon request.

Payments based on 1983 Table a (female), projected to 1995, and 2.0% interest.

Adjusted Age of Payee		Adjusted Age of Payee		Adjusted Age of Payee	
50	\$3.04	60	\$3.58	70	\$4.42
51	3.08	61	3.64	71	4.53
52	3.13	62	3.72	72	4.65
53	3.17	63	3.79	73	4.77
54	3.23	64	3.87	74	4.89
55	3.28	65	3.95	75	5.03
56	3.33	66	4.04		
57	3.39	67	4.13		
58	3.45	68	4.22		
59	3.51	69	4.32		

**OPTION 4 TABLE - PAYMENTS FOR A FIXED PERIOD**

Monthly payments per \$1,000 of proceeds.

Payments based on 2.0% interest.

Number of Years Paid	Monthly	Number of Years Paid	Monthly	Number of Years Paid	Monthly
1	\$84.23	11	\$8.44	21	\$4.85
2	42.53	12	7.81	22	4.68
3	28.63	13	7.28	23	4.51
4	21.69	14	6.82	24	4.37
5	17.52	15	6.43	25	4.23
6	14.74	16	6.08	26	4.10
7	12.76	17	5.78	27	3.99
8	11.27	18	5.51	28	3.88
9	10.12	19	5.27	29	3.78
10	9.19	20	5.05	30	3.69

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**NATIONAL WESTERN LIFE INSURANCE COMPANY**

**EXECUTIVE OFFICE, AUSTIN, TEXAS**

**FLEXIBLE PREMIUM - FLEXIBLE BENEFIT POLICY**

**READ YOUR POLICY CAREFULLY**

This policy is a FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY WITH EQUITY INDEX OPTIONS. The ADJUSTABLE DEATH BENEFIT is payable upon death of the Insured. Premiums are payable until the Insured's age 121. Thereafter, no further Monthly Deductions will be made. NONPARTICIPATING. **THIS IS ONLY A BRIEF DESCRIPTION. THE INSURANCE IS FULLY DESCRIBED IN VARIOUS PROVISIONS OF THE POLICY.**

**This policy is a legal contract between you and us.**

<i>SERFF Tracking Number:</i>	<i>NAWS-125619362</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Western Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38774</i>
<i>Company Tracking Number:</i>	<i>01-1140-08</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>2001 CSO Filing - Changes to 01-1140-05</i>		
<i>Project Name/Number:</i>	<i>2001 CSO Filing - Changes to 01-1140-05/01-1140-08</i>		

## Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>NAWS-125619362</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Western Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38774</i>
<i>Company Tracking Number:</i>	<i>01-1140-08</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>2001 CSO Filing - Changes to 01-1140-05</i>		
<i>Project Name/Number:</i>	<i>2001 CSO Filing - Changes to 01-1140-05/01-1140-08</i>		

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 04/22/2008

**Comments:**

R&R 19 is not applicable.

**Attachments:**

AR Guar Assoc Notice 01-A013-AR(REV.01~04).pdf

AR Consumer Notice 01-A002-AR.pdf

Officer Flesch 1140, et al.pdf

### Review Status:

**Satisfied -Name:** Application 04/22/2008

**Comments:**

**Attachment:**

01-9043AR(Rev.07~00).pdf

### Review Status:

**Bypassed -Name:** Health - Actuarial Justification 04/22/2008

**Bypass Reason:** Not a health filing.

**Comments:**

### Review Status:

**Bypassed -Name:** Outline of Coverage 04/22/2008

**Bypass Reason:** Not a health filing.

**Comments:**

### Review Status:

**Satisfied -Name:** Actuarial Material 04/22/2008

**Comments:**

**Attachments:**

01-1121-08 Actuarial Memo.pdf

01-1121-08 Nonforfeiture Surrender Charge Demo.pdf



**LIMITATIONS AND EXCLUSIONS UNDER THE  
ARKANSAS LIFE AND HEALTH INSURANCE  
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

**DISCLAIMER**

**The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.**

**Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.**

**Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.**

**The Arkansas Life and Health Insurance Guaranty Association  
c/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201**

**Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904**

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

**COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## EXCLUSIONS FROM COVERAGE

However, persons owning such policies are **NOT** protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does **NOT** provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

## LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.



## CONSUMER INFORMATION NOTICE

If you need information about or help with your policy, you may contact:

**NATIONAL WESTERN LIFE INSURANCE COMPANY  
POLICYOWNERS SERVICE DEPARTMENT  
850 EAST ANDERSON LANE  
AUSTIN, TEXAS 78752-1602  
(512) 836-1010**

or

**YOUR AGENT:**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

If we at National Western Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

**ARKANSAS INSURANCE DEPARTMENT  
CONSUMER SERVICES DIVISION  
400 UNIVERSITY TOWER BUILDING  
LITTLE ROCK, ARKANSAS 72204  
(501) 371-1813**



**NATIONAL WESTERN  
LIFE INSURANCE COMPANY**

850 EAST ANDERSON LANE • AUSTIN, TEXAS 78752-1602

**NATIONAL WESTERN LIFE INSURANCE COMPANY**  
**FLESCH READING EASE TEST SCORE CERTIFICATE**  
Form Number 01-1140-08

I hereby certify the following:

1. The Flesch Reading Ease Test score is as indicated below.
2. The form is printed, except for specifications pages, schedules and tables, in not less than ten point type.
3. The number of words contained in the text is as indicated below.
4. The entire form was analyzed.

<b><u>Form No.</u></b>	<b><u>Flesch Score</u></b>	<b><u>Words</u></b>
01-1140-08	60.10	7,241



Paul D. Facey, FSA, MAAA, FCIA, FLMI  
Senior Vice President and Chief Actuary

**PRIMARY INSURED:**

**PART I**

Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ State of Birth \_\_\_\_\_ ☐ Tobacco Use  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ ☐ Tobacco Free  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_ Home Phone \_\_\_\_\_ Best Time ☐ am  
& State of Issue \_\_\_\_\_ Annual Income \$ \_\_\_\_\_ Work Phone \_\_\_\_\_ To Call \_\_\_\_\_ ☐ pm  
Employer \_\_\_\_\_ Annual Income \$ \_\_\_\_\_ Phone \_\_\_\_\_ To Call \_\_\_\_\_ ☐ am  
Occupational Duties \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_ Amt. of Life Ins. In Force \$ \_\_\_\_\_ Amt. of ADB In Force \$ \_\_\_\_\_  
Plan of Insurance \_\_\_\_\_ Death ☐ Option I Face ☐ WP ☐ GIR ☐ PD&D  
Ben. ☐ Option II Amount \$ \_\_\_\_\_ ☐ ADB \$ \_\_\_\_\_ ☐ Other \_\_\_\_\_  
☐ Children's Rider\* \_\_\_\_\_ Units ☐ Spouse Rider\* \_\_\_\_\_ Units ☐ OIR ☐ TIR \$ \_\_\_\_\_ ☐ Other \_\_\_\_\_

\*For children's and spouse riders, complete only the first two lines of each "Other Insured" block.

**OWNER:**

Full Name (If other than primary insured) \_\_\_\_\_ Relationship to Insured \_\_\_\_\_  
Address \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_

**BENEFICIARY:**

Primary Beneficiary Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_  
Contingent Beneficiary Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

**PREMIUMS:** Annual Premium \$ \_\_\_\_\_ One-time Deposit \$ \_\_\_\_\_ Planned Mode Premium \$ \_\_\_\_\_ CWA \$ \_\_\_\_\_

**Mode:** ☐ Monthly ☐ Quarterly ☐ Semiannual ☐ Annual ☐ \_\_\_\_\_  
**Method:** ☐ Bank Draft ☐ Direct ☐ Allotment ☐ Salary Deduction ☐ \_\_\_\_\_

**SPECIAL REQUESTS:** \_\_\_\_\_

**OTHER INSURED:**

1. Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ State of Birth \_\_\_\_\_ ☐ Tobacco Use  
Plan of Insurance \_\_\_\_\_ Face Amount \$ \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Relationship To ☐ Tobacco Free  
Occupational Duties \_\_\_\_\_ Annual Income \$ \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_ Amt. of Life Ins. In Force \$ \_\_\_\_\_  
Beneficiary \_\_\_\_\_ Relationship To Other Insured \_\_\_\_\_ Age \_\_\_\_\_

2. Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ State of Birth \_\_\_\_\_ ☐ Tobacco Use  
Plan of Insurance \_\_\_\_\_ Face Amount \$ \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Relationship To ☐ Tobacco Free  
Occupational Duties \_\_\_\_\_ Annual Income \$ \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_ Amt. of Life Ins. In Force \$ \_\_\_\_\_  
Beneficiary \_\_\_\_\_ Relationship To Other Insured \_\_\_\_\_ Age \_\_\_\_\_

3. Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ State of Birth \_\_\_\_\_ ☐ Tobacco Use  
Plan of Insurance \_\_\_\_\_ Face Amount \$ \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Relationship To ☐ Tobacco Free  
Occupational Duties \_\_\_\_\_ Annual Income \$ \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_ Amt. of Life Ins. In Force \$ \_\_\_\_\_  
Beneficiary \_\_\_\_\_ Relationship To Other Insured \_\_\_\_\_ Age \_\_\_\_\_

4. Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ State of Birth \_\_\_\_\_ ☐ Tobacco Use  
Plan of Insurance \_\_\_\_\_ Face Amount \$ \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Relationship To ☐ Tobacco Free  
Occupational Duties \_\_\_\_\_ Annual Income \$ \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_ Amt. of Life Ins. In Force \$ \_\_\_\_\_  
Beneficiary \_\_\_\_\_ Relationship To Other Insured \_\_\_\_\_ Age \_\_\_\_\_

01-9043AR(REV.07/00) Proposed Primary Insured's Signature ☒

Date \_\_\_\_\_ Page 1 of 6

Apply to each proposed insured. For "yes" answers, give details below (Part I: Details) or complete the appropriate questionnaire required by the Company.

## PART I (cont)

Yes No

1. During the last 12 months, has any proposed insured used any tobacco or nicotine product?..... ☐ ☐
  2. Is any application for life insurance or application for reinstatement pending with any company?..... ☐ ☐
  3. Has any proposed insured been declined, postponed, or charged an extra premium for life insurance? ..... ☐ ☐
  4. Is this policy intended to replace any existing life insurance or annuity policy in any company? ..... ☐ ☐

If "yes", list company and policy number \_\_\_\_\_

  5. Do you intend to travel as a civilian (non-military) to any foreign country within the next two years? ..... ☐ ☐
  6. In the past 5 years, has any proposed insured:
    - A. Been a pilot or crew member of an airplane, or been on a balloon, hanglider or like device, or jumped therefrom? ..... ☐ ☐
    - B. Been a vehicle racer, diver, parachutist, mountain climber, bungee jumper or participant in a hazardous sport or hobby? ..... ☐ ☐
    - C. Been convicted of driving under the influence of alcohol or drugs, of a criminal offense, or is now incarcerated, on parole or probation? ..... ☐ ☐
    - D. Been convicted of four or more driving violations or had driver's license suspended or revoked? ..... ☐ ☐
    - E. Been treated or counseled by a health care provider for alcohol use, or attended a support group for help to stop alcohol use?.. ☐ ☐
    - F. Used cocaine, marijuana, heroin, amphetamines, narcotics, stimulants, or other illegal drugs or controlled substances?..... ☐ ☐

### PART I DETAILS:

## MEDICAL QUESTIONS:

Apply to each proposed insured. Give full details below. (Part II: Details).

## PART II

Yes No

- |    |  |                          |                          |
|----|--|--------------------------|--------------------------|
| 1. | Has any proposed insured, within the last ten years, ever had, or received medical advice or treatment for:  | Yes                      | No                       |
|    | A. High blood pressure, stroke, anemia, chest pain, heart attack, disease or disorder of the blood, heart, arteries or veins? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | B. Ulcers, or disease or disorder of the stomach, intestines, liver, gallbladder or rectum? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | C. Diabetes, cancer, tumors, cysts, leukemia, or disorder of the pancreas, thyroid, adrenal, lymph or other glands? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | D. Epilepsy convulsions, nervous or mental disorder, paralysis, or disorder of the brain or nervous system? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | E. Disease of the kidney, bladder, genital organs, or had sugar, albumin, or blood in the urine, or had gonorrhea or syphilis? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | F. Asthma, emphysema, tuberculosis, chronic bronchitis, or disease of the lung, chest, or throat? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Has any proposed insured lost or gained more than 10 lbs. during the past 12 months?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Has a family member of a proposed insured died of an illness before reaching age 60? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Other than as answered above, has any proposed insured within the past 5 years:  |                          |                          |
|    | A. Consulted a health care provider, or been admitted to a hospital, treatment center, or other facility? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | B. Been treated for or been diagnosed by a medical professional as having infection with the Human Immunodeficiency Virus (HIV), AIDS-related Complex (ARC), or Acquired Immune Deficiency Syndrome (AIDS)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
|    | C. Had an x-ray, ECG, blood or urine test, or other diagnostic medical test? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | D. Requested or received payments or reimbursements for a mental or physical disability?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | E. Been advised to have surgery, hospitalization, treatment, or diagnostic test that has not been completed? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Does any proposed insured now have, or take medication for, any disease, disorder or condition not indicated above?.....   | <input type="checkbox"/> | <input type="checkbox"/> |

## PART II DETAILS:

Ques No.	1st Name of Person Treated	Reason For Treatment	Date	Name of Doctor or Hospital And Address

If more space is needed, use an additional sheet of paper dated and signed by the proposed insured(s).

If more space is needed, use an additional sheet of paper dated and signed by the proposed insured(s).

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Each of the undersigned: Declares that all answers in this application are true to the best of their knowledge and belief, and understands that: (a) all answers in this application will be relied upon to determine insurability and issue the policy; and (b) a material misrepresentation voids the policy as of its issue date. This policy will take effect when: (1) the application is approved at National Western's Office in Austin, Texas; (2) National Western delivers the policy; (3) the initial premium has been paid; and (4) each of the prior three conditions is satisfied while the applicant is alive and the applicant's health and insurability is as described herein.

Each of the undersigned: Authorizes any licensed physician, medical practitioner, hospital, clinic, other health care provider, insurance company or the Medical Information Bureau (MIB) or other organization or person to give any information about me or my mental or physical health to the Company and/or its authorized agents to determine my eligibility for life insurance coverage. The Company may disclose such information to its reinsurers and the MIB. National Western or its reinsurers may also release such information to other life or health insurance companies to whom an application for insurance or to whom a claim for benefits is submitted. This authorization also applies to any member of my family proposed for coverage in the application and is valid for 2 years after the date shown below. A photo of this form is as valid as the original. I may have a copy of this form upon request.

Each of the undersigned acknowledges receipt of the Consumer Report Notice, MIB Disclosure Notice, and Information Practices (if applicable).

The automatic premium loan provision (when available) is elected, unless otherwise indicated in this application.

✓

Signature of Owner if other than Proposed Primary Insured  
(If business insurance, show the title of officer and name of firm)

✓

Signature of Proposed Primary Insured  
(Parent if age 17 or less)

Signatures of other proposed insureds age 18 or older:

Other Insured #1 ✓

Other Insured #2 ✓

Other Insured #3 ✓

Other Insured #4 ✓

Signed in \_\_\_\_\_ Date \_\_\_\_\_

City State

X  
Agent/Witness as to all signatures

AGENTS' REPORT:

GENERAL QUESTIONS: Always complete.

Yes No

A. How long have you known applicants? \_\_\_\_\_ How well? \_\_\_\_\_ Relationship? \_\_\_\_\_

B. If an adult, annual income? \$ \_\_\_\_\_ Approximate net worth? \$ \_\_\_\_\_

C. Proposed insured(s) is citizen of \_\_\_\_\_ . Length of time in current country of residence? \_\_\_\_\_

D. List prior NWL policy numbers and face amount \_\_\_\_\_

E. Do any of the proposed insureds appear to be unhealthy in any way?..... ☐ ☐

F. Are you aware of anything about the proposed insureds that might affect their insurability? ..... ☐ ☐

G. Will the policy applied for replace or change any existing insurance or annuity? ..... ☐ ☐

H. Is the owner or beneficiary someone other than the proposed insured's parent, spouse or child?..... ☐ ☐

DEPENDENT CHILD QUESTIONS: Complete if any proposed insured is a dependent child.

I. Number of brothers? \_\_\_\_\_ Sisters? \_\_\_\_\_ Amount of insurance on each child? \_\_\_\_\_

J. Amount in force on Father? \_\_\_\_\_ Mother? \_\_\_\_\_ Parent's annual income? \_\_\_\_\_ Net worth? \_\_\_\_\_

K. Is child insured for more than the parents or insured for more than the other children in the family?..... ☐ ☐

DETAILS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I personally solicited and completed this application. All medical and non-medical questions were asked of each proposed insured and their answers were recorded exactly as given. The consumer notices were delivered to either the proposed primary insured or the proposed owner. The temporary insurance agreement was explained fully and (if applicable), the receipt was given.

Date \_\_\_\_\_ Agent Signature X

Agent No. \_\_\_\_\_ Percent of Case \_\_\_\_\_ %

Date \_\_\_\_\_ Agent Signature X

Agent No. \_\_\_\_\_ Percent of Case \_\_\_\_\_ %



**DRAFT AUTHORIZATION INFORMATION**

┌          └	┌          └	Names of other insureds on this draft _____ _____ _____ _____ _____	Policy Number(s) _____ _____ _____ _____ _____
--	--	--	---

Type or print bank name and address in window  
**Attach void check or deposit slip to this authorization form.** Bank Account No. \_\_\_\_\_ Bank Transit No. \_\_\_\_\_

**AUTHORIZATION TO HONOR WITHDRAWALS MADE BY NATIONAL WESTERN LIFE**

TO: BANK NAMED ABOVE. I hereby request the named bank to accept and honor drafts or transfers from my account made by National Western Life. I agree that your rights regarding each draft or transfer shall be same as if it was signed personally by me. This Authorization shall remain in effect until I give you, my financial institution, 3 days written notice to revoke it, or if verbal notice is given, you may require me to provide written notice within 14 days after the oral notice was given. I have retained a copy of this authorization.

Date_____	Print Name of Depositor(s)_____	Signature of Depositor(s) 
Date_____	Print Name of Depositor(s)_____	Signature of Depositor(s) 

### TEMPORARY INSURANCE AGREEMENT & RECEIPT

This agreement shall be void if altered or modified. • Premium checks must be made payable to National Western Life.

Proposed Insured \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Application Date \_\_\_\_\_

Subject to all terms and conditions of the insurance policy applied for in this application, this Temporary Insurance Agreement & Receipt (TIA) provides Temporary Insurance in the amount of the lesser of: (a) the amount of insurance applied for; or (b) \$50,000 on each proposed insured; or (c) \$250,000 in the aggregate for all insureds listed on the application. This Temporary Insurance will take effect on the effective date and end as defined on the reverse side of this TIA.

I have read this Temporary Insurance Agreement & Receipt and it has been explained to me by the agent. I understand and agree to all conditions and limitations. Proposed owner's signature \_\_\_\_\_ Date \_\_\_\_\_

I explained and witnessed the signing of this Agreement.

Agent's signature \_\_\_\_\_ Date \_\_\_\_\_

Temporary Insurance will take effect on the date that the following four requirements are met: (1) the application is fully completed, including any amendments required by National Western; (2) the initial premium has been paid; and (3) all medical exams or tests required by National Western are completed; and (4) as of the date of this Agreement, the proposed insured must be insurable at standard rates for the type and amount of insurance applied for.

Temporary Insurance will end on the earliest of the following dates: (1) the date insurance begins under the policy applied for; (2) the date this application is cancelled or declined; or (3) 60 days have passed since the date of this application.

**DETACH AND KEEP THIS NOTICE**

DATE \_\_\_\_\_

**NOTICE UNDER THE FAIR CREDIT REPORTING ACT.** This is to inform you that, as part of our procedure for processing your application for insurance, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

**MIB DISCLOSURE NOTICE.** Information regarding your insurability will be treated as confidential; however, we or our reinsurers may make a brief report thereon to the Medical Information Bureau (MIB), a non-profit organization of life insurance companies which operates an informational exchange for its members. If you apply for life or health insurance, or submit a claim for benefits to any MIB member, the MIB will, upon request, supply such member with the information in its file.

Upon your request, the MIB will disclose any information in your file. If you feel that any information in your MIB file is inaccurate, you may contact the MIB at P.O. Box 105, Essex Sta., Boston, Mass. 02112, Tel. (617) 426-3660, and seek correction in accordance with the procedures set out in the federal Fair Credit Reporting Act.

We or our reinsurers may also release information to other life insurance companies to whom you may (1) apply for life or health insurance, or (2) submit a claim for benefits.

**NOTICE OF INFORMATION PRACTICES.** Residents of Arizona, California, Georgia, Illinois, Maine, Minnesota, Montana, Nevada, North Carolina, Ohio, Oregon and Virginia must be given and sign an Authorization to Obtain and Disclose Information and Notice of Information Practices [SU-6412(Rev.1/95)].

**NATIONAL WESTERN LIFE INSURANCE COMPANY**  
850 East Anderson Lane, Austin, Texas 78752

# NATIONAL WESTERN LIFE INSURANCE COMPANY

## ACTUARIAL DESCRIPTION Flexible Premium Adjustable Life Policy Form No. 01-1121-08

### I. Description of Policy Characteristics

#### A. Death Benefit

This policy provides adjustable life insurance coverage on the insured until the earlier of the maturity date or the end of the grace period. The policyholder chooses an initial face amount and one of the two death benefit options as defined below:

Under Option 1 - The amount of the death benefit is equal to the face amount on the date of death.

Under Option 2 - The amount of the death benefit is equal to the face amount plus the Account Balance on the date of death.

The death benefit under either Option 1 or Option 2 will not be less than the Account Balance on the date of death multiplied by the death benefit factors shown in the policy.

#### B. Account Balances and Cash Values

The account balance is defined as the accumulation, at or above the guaranteed interest rate, of net premiums minus the sum of monthly expense charges, monthly per thousand charges, and the cost of insurance, which is based on the net amount at risk as defined by the death benefit selected. Cost of insurance charges and expense charges will be equal to or less than the charges guaranteed by the contract. The cash value is equal to the account balance less loans and surrender charges. Cash values are determined to be in compliance with both the Standard Nonforfeiture Law (SNFL) and the NAIC Universal Life Model Regulation.

The account balances and cash values are determined by using formulas which are consistent with the retrospective equivalence of the formula described in the Standard Nonforfeiture Law. The surrender charge is structured so that it never exceeds the maximum expense allowance under the Standard Nonforfeiture Law.

C. Nonforfeiture Benefits

If premiums are not continued, the death benefit and any rider benefits will be continued until the policy terminates in accordance with the grace period provision, expiring of the benefit period, or until the maturity date, whichever is earlier. The cost of insurance during this time will be based on the same rates as those used if premiums had been continued.

Account Balances are calculated during this period as described in B., above.

D. Flexibility

At issue the owner selects both a premium amount and the amount of insurance, subject to the minimum amounts. The maturity date is attained at age 100.

A continuation of the original combination of premium and amount of insurance will result in a coverage period, which could range from a minimum of 10 years (5 years for issue ages above 65), up to the maturity date, depending upon the relationship of the selected values.

Subject to the limitations in the policy, the owner may change the premiums and the amounts of insurance. Decreases may not lower the amount of insurance below the minimum amount. Evidence of insurability is required for any increase in the net amount at risk.

E. Riders

Charges for rider benefits are deducted monthly from the account balance. Each month, any excess of net premiums paid over the monthly charge for riders is added to the account balance.

II. Basis of Values

A. Interest

The guaranteed minimum interest rate applied in the calculation of the account balance is 3.0% per annum. However, the company may apply increased rates of interest in the calculation of account balances. A different rate of interest may be applied to the amount of account balance corresponding to any outstanding policy loan.

Because of the retrospective approach used for the calculation of account balances, the use of an increased rate of interest will produce increased account balances and cash values. Therefore, such use is not in conflict with the maximum interest rate defined in the Standard Nonforfeiture Law.

B. Cost of Insurance

The guaranteed maximum cost of insurance applied in the calculation of account balances for a standard rating class is based on the 2001 Commissioner's Standard Ordinary Ultimate Mortality Table, Male and Female; Smoker and Nonsmoker distinct, age last birthday (2001 CSO Ultimate, M/F, S/N, ALB). The guaranteed rates for substandard lives reflect appropriate additions for medical impairments and special hazards.

The Company may use cost of insurance rates lower than the guaranteed maximums. This will result in lower charges for the insurance coverage and higher account balances.

C. Expense Charges

The guaranteed maximum expense charges are: (1) 7% premiums paid; (2) for face amounts \$25,000 to \$99,000 - \$16.00 per month, and for face amounts of \$100,000 - \$7.00 per month; (3) an expense charge per thousand dollars of initial face amount for policy years 1 through 20 only.

The Company may use expense charges lower than the guaranteed maximums. This will result in higher account balances and cash values.

D. Bonus

After the tenth policy anniversary, a  $\frac{1}{2}\%$  interest rate bonus will be added to the current annual credited interest rate provided that the current interest rate exceeds the guaranteed interest rate of 3%.

- E. The same basis of values applies to all policies regardless of whether a policy is currently in a premium pay status.

III. Demonstration of Compliance With Standard Nonforfeiture Law

The surrender charges are less than or equal to the unamortized expense allowances at the end of policy years one through fourteen, and are zero thereafter. The unamortized expense allowances are based on a 4.0% interest rate, curtate functions and the 2001 CSO Ultimate, M/F, S/N, ALB.

A comparison of the surrender charges and the unused unamortized expense allowance

demonstrates that the surrender charges are never greater than the maximum allowable under the SNFL for all ages and all policy years. The unused unamortized expense allowance is defined as the initial unamortized expense allowance less the difference between the first year expense charge per thousand, and the average expense charge per thousand for policy years two through 20, or less, if applicable.

Therefore, in order to demonstrate compliance with the SNFL, we must demonstrate that the surrender charges are never greater than the unused unamortized expense allowance.

The formula for the SNFL maximum expense allowance is:

$$E = .01 \cdot AAI + 1.25 \cdot \text{Min}[P_x, .04 \cdot AAI]$$

$P_x$  is based on the 2001 CSO Ultimate, M/F, S/N, ALB at 4.0% interest

Where  $AAI$  = the average amount of insurance for the first 10 policy years.

Unused unamortized expense allowance at time  $t$ :

$$= UEI \frac{\ddot{a}_{x+t}}{\ddot{a}_x} \text{ for all } t,$$

Where

$AY$  = Averaging Years =  $\min [20; 121 - \text{Issue Age}]$

$UEI = E - [ECPT1 - \text{Average } ECPT2 - AY]$  = Unused expense allowance at issue

$ECPT1$  = the expense charge per thousand for year 1

$\text{Average } ECPT2 - AY$  = the average expense charge per thousand over the averaging years

The values in Table 1 are calculated using the 2001 CSO Ultimate, M/F, S/N, ALB with a 4.0% interest rate.

A comparison in Table 3, of the surrender charges in Table 2 with the unused unamortized expense allowances in Table 1, demonstrates that surrender charges for every issue age at all durations are less than the unused unamortized expense allowances.

In conclusion, we have demonstrated that the surrender charges are never greater than the unused unamortized expense allowance and consequently, the cash values exceed the minimum nonforfeiture values.

Sample Calculation, Male Age 35, NS

$$\begin{aligned}\text{Interest} &= 4.00\% \\ \text{Mortality} &= 2001 \text{ CSO Ultimate, M/F, S/N, ALB}\end{aligned}$$

$$\begin{aligned}E &= \text{SNFL expense allowance} \\ E &= 10 + 1.25 \cdot P_x \\ &= 10 + 1.25 (9.857) \\ &= 22.32\end{aligned}$$

$$\text{UEI} = 22.32 = 22.32 - (1.08 - 1.08)$$

$$\begin{aligned}\text{Unused unamortized expense allowance at the end of year 5:} &= \text{UEI} \cdot \frac{\ddot{a}_{x+5}}{\ddot{a}_x} \\ &= 21.22 \\ \text{Surrender Charge in year 5} &= 21.12\end{aligned}$$

Surrender Charge is no greater than the unamortized expense allowance

IV. Reserves

The reserve will be the amount calculated using CRVM as defined in the NAIC Model Universal Life Regulation. In addition, the reserves will be no less than the reserves required according to the Valuation of Life Insurance Policies for flexible premium products with secondary guarantees. Reserves for this policy are based on the 2001 CSO Ultimate, M/F, S/N, ALB, and an interest rate of 4.0%. The statutory reserves are equal to the greater of the CRVM reserves and the basic reserve for the secondary guarantee, but not less than the cash value.

This product guarantees coverage for the first 10 policy years (5 years for issue ages above 60), if minimum premium requirements are met during that 10 (or 5) year period, subject to the grace period provision.

### Definitions

$x$	=	issue age (age last birthday)
$t$	=	duration from original date measured in years
GMP	=	guaranteed maturity premium; level gross premium which will mature the policy at age 121 based on policy guarantees
$GMF_t$	=	guaranteed maturity fund at duration $t$ ; amount, which together with future GMPs, will mature the policy based on all policy guarantees at issue
$r_t$	=	ratio of policy value at duration $t$ to $GMF_t$ , not to exceed 1
$PVFB_t$	=	present value of all future guaranteed benefits at valuation date $t$ , assuming future GMPs are paid by the policyholder and accumulated on a guaranteed basis with the larger of the $GMF_t$ and the policy fund at $t$
$\bar{a}_{x+t}$	=	present value at age $x+t$ of an annuity of one per year payable continuously beginning at age $x+t$ and continuing until age 121
$P^{NL}$	=	$PVFB_0 / \bar{a}_x$ = net level premium for issue age $x$ with guaranteed benefits of $PVFB_0$ and premium stream $\bar{a}_x$
$c_x$	=	one year term premium for benefits guaranteed in the first policy year
EA	=	$P^{NL} - c_x$
${}_t\bar{V}_x^{NL}$	=	net level premium reserve for issue age $x$ , duration $t$
${}_t\bar{V}_x$	=	reserve for issue age $x$ , duration $t$

### Formula

Using the above definitions, the reserves are determined from the following formula:

$${}_t\bar{V}_x^{NL} = PVFB_t - P^{NL} \bar{a}_{x+t}$$

$${}_t\bar{V}_x^{CRVM} = r_t ({}_t\bar{V}_x^{NL}) - r_t(EA) \bar{a}_{x+t} / \bar{a}_x$$

The reserve will at no time be less than the cash value.

In complying with Valuation of Life Insurance Regulation for universal life policies with secondary guarantees, the basic secondary guarantee reserve is calculated as follows:

$n$	=	the secondary guarantee period
$G$	=	the specified premium for the secondary guarantee that will be used as the gross premium for the reserve calculation
$q_x$	=	the mortality rate for age $x$ from the same mortality table used in calculating the basic UL reserve
$i$	=	the same interest rate used in calculating the basic UL reserve

The Basic Secondary Guarantee reserve for an n year term policy is calculated as follows:

$$\beta_x = \frac{\bar{A}_{x+1:n-1}}{\bar{a}_{x+1:n-1}}$$

$${}_t\bar{V}_{x:n} = \bar{A}_{x+t:n-t} - \beta_x \bar{a}_{x+t:n-t}$$

Since the specified premium is level throughout the guarantee period, then the first segment length is equal to the length of the secondary guarantee period.

If  $\beta_x \leq G$ , then no deficiency reserves result. If  $\beta_x > G$ , then deficiency reserves for secondary guarantees are calculated as follows:

$$\text{Deficiency Reserve} = A - \text{Basic Secondary Guarantee Reserve (BSGR)}$$

where

$$\text{BSGR} = {}_t\bar{V}_{x:n}$$

$$A = \bar{A}_{x+t:n-t} - G * \bar{a}_{x+t:n-t}$$

Minimum Reserve during the secondary guarantee period shall be the greater of:

- (a) basic reserve for secondary guarantees plus any deficiency reserves for secondary guarantees  
and
- (b) minimum UL basic reserve



Mark D. Gulas, FSA, MAAA

February 15, 2008

Date

Initial		Table 1																				
Maximui Unit		Maximui Policy Form: 01-1121-08, Male Tobacco/Juvenile																				
Age	EA	Charge IEA	Maximum Surrender Charge=====																			
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
0	13.90		13.90	13.90	13.86	13.82	13.77	13.72	13.67	13.62	13.56	13.51	13.45	13.39	13.32	13.26	13.19	13.12	13.05	12.97	12.90	12.83
1	14.03		14.03	14.03	13.99	13.94	13.89	13.84	13.79	13.73	13.68	13.62	13.55	13.49	13.42	13.36	13.29	13.22	13.15	13.08	13.01	12.92
2	14.18		14.18	14.18	14.13	14.08	14.03	13.98	13.92	13.86	13.80	13.74	13.67	13.61	13.54	13.47	13.40	13.33	13.25	13.18	13.11	13.03
3	14.35		14.35	14.35	14.30	14.24	14.19	14.13	14.06	14.00	13.94	13.87	13.80	13.73	13.66	13.59	13.52	13.45	13.37	13.30	13.22	13.14
4	14.52		14.52	14.52	14.47	14.41	14.36	14.30	14.23	14.17	14.10	14.03	13.96	13.89	13.82	13.74	13.67	13.59	13.52	13.44	13.36	13.27
5	14.71		14.71	14.71	14.65	14.59	14.53	14.47	14.40	14.34	14.27	14.19	14.12	14.05	13.97	13.90	13.82	13.74	13.66	13.58	13.49	13.40
6	14.91		14.91	14.91	14.85	14.79	14.72	14.65	14.58	14.51	14.44	14.37	14.28	14.20	14.13	14.05	13.97	13.89	13.80	13.72	13.63	13.53
7	15.11		15.11	15.11	15.05	14.98	14.92	14.85	14.77	14.70	14.62	14.55	14.47	14.39	14.31	14.23	14.15	14.06	13.97	13.88	13.79	13.69
8	15.33		15.33	15.33	15.26	15.19	15.12	15.05	14.97	14.90	14.82	14.74	14.66	14.57	14.49	14.40	14.31	14.22	14.13	14.03	13.93	13.83
9	15.55		15.55	15.55	15.48	15.40	15.33	15.25	15.17	15.09	15.01	14.93	14.85	14.76	14.68	14.59	14.50	14.40	14.30	14.20	14.10	13.99
10	15.79		15.79	15.79	15.72	15.64	15.56	15.48	15.40	15.32	15.24	15.15	15.07	14.98	14.89	14.79	14.70	14.60	14.48	14.38	14.27	14.15
11	16.04		16.04	16.04	15.96	15.88	15.80	15.72	15.63	15.55	15.46	15.38	15.28	15.18	15.09	14.99	14.88	14.78	14.67	14.56	14.44	14.32
12	16.30		16.30	16.30	16.21	16.13	16.04	15.96	15.87	15.78	15.69	15.59	15.50	15.40	15.30	15.20	15.09	14.98	14.87	14.75	14.62	14.49
13	16.57		16.57	16.57	16.48	16.39	16.30	16.22	16.13	16.03	15.94	15.84	15.74	15.64	15.53	15.42	15.31	15.19	15.07	14.95	14.82	14.67
14	16.84		16.84	16.84	16.75	16.66	16.57	16.48	16.39	16.29	16.19	16.09	15.98	15.87	15.76	15.65	15.53	15.40	15.27	15.13	14.99	14.84
15	17.13		17.13	17.13	17.04	16.95	16.86	16.76	16.67	16.56	16.45	16.34	16.23	16.12	16.00	15.88	15.75	15.62	15.48	15.34	15.19	15.03
16	17.42		17.42	17.42	17.33	17.23	17.14	17.03	16.93	16.82	16.71	16.60	16.48	16.36	16.23	16.10	15.96	15.82	15.68	15.52	15.37	15.20
17	17.72		17.72	17.72	17.62	17.52	17.42	17.31	17.20	17.08	16.96	16.85	16.72	16.60	16.46	16.32	16.18	16.03	15.88	15.71	15.55	15.36
18	18.02		18.02	18.02	17.91	17.81	17.70	17.59	17.47	17.35	17.23	17.11	16.98	16.83	16.69	16.54	16.39	16.23	16.06	15.89	15.72	15.53
19	18.33		18.33	18.33	18.22	18.11	18.00	17.88	17.76	17.63	17.50	17.37	17.23	17.09	16.94	16.77	16.61	16.44	16.26	16.08	15.90	15.71
20	18.66		18.66	18.66	18.55	18.43	18.31	18.18	18.05	17.92	17.78	17.64	17.49	17.34	17.18	17.01	16.84	16.65	16.47	16.28	16.08	15.88
21	19.00		19.00	19.00	18.87	18.74	18.62	18.49	18.35	18.21	18.07	17.92	17.76	17.59	17.41	17.24	17.05	16.86	16.67	16.47	16.26	16.05
22	19.35		19.35	19.35	19.23	19.09	18.95	18.81	18.67	18.52	18.37	18.20	18.04	17.86	17.68	17.48	17.29	17.09	16.88	16.67	16.45	16.23
23	19.71		19.71	19.71	19.57	19.43	19.29	19.15	18.99	18.83	18.67	18.50	18.32	18.12	17.93	17.73	17.52	17.31	17.09	16.87	16.63	16.39
24	20.10		20.10	20.10	19.96	19.81	19.65	19.49	19.33	19.16	18.98	18.80	18.61	18.41	18.20	17.99	17.77	17.55	17.32	17.08	16.83	16.58
25	20.50		20.50	20.50	20.35	20.20	20.03	19.86	19.68	19.50	19.31	19.12	18.91	18.69	18.48	18.25	18.02	17.79	17.55	17.29	17.04	16.78
26	20.92		20.92	20.92	20.75	20.59	20.42	20.24	20.05	19.85	19.65	19.43	19.22	19.00	18.77	18.53	18.29	18.03	17.78	17.52	17.25	16.97
27	21.35		21.35	21.35	21.18	21.00	20.82	20.63	20.42	20.21	20.00	19.77	19.55	19.31	19.06	18.81	18.55	18.29	18.01	17.74	17.47	17.18
28	21.81		21.81	21.81	21.63	21.44	21.23	21.02	20.81	20.59	20.36	20.13	19.87	19.62	19.37	19.10	18.83	18.55	18.27	17.99	17.69	17.39
29	22.29		22.29	22.29	22.09	21.89	21.67	21.46	21.22	20.98	20.74	20.49	20.23	19.96	19.69	19.41	19.13	18.83	18.54	18.24	17.93	17.61
30	22.81		22.81	22.81	22.60	22.37	22.15	21.91	21.67	21.41	21.15	20.89	20.61	20.32	20.04	19.75	19.45	19.14	18.83	18.52	18.18	17.85
31	23.35		23.35	23.35	23.12	22.89	22.65	22.38	22.13	21.86	21.58	21.29	21.00	20.71	20.40	20.09	19.78	19.46	19.13	18.79	18.45	18.09
32	23.93		23.93	23.93	23.69	23.44	23.17	22.90	22.63	22.33	22.04	21.74	21.44	21.11	20.80	20.47	20.13	19.80	19.46	19.09	18.73	18.35
33	24.54		24.54	24.54	24.28	24.02	23.73	23.44	23.15	22.84	22.53	22.21	21.88	21.55	21.21	20.86	20.52	20.16	19.79	19.41	19.02	18.63
34	25.19		25.19	25.19	24.91	24.61	24.31	24.01	23.69	23.37	23.03	22.69	22.35	21.99	21.64	21.28	20.90	20.52	20.13	19.73	19.31	18.90
35	25.87		25.87	25.87	25.57	25.25	24.93	24.61	24.27	23.92	23.58	23.21	22.85	22.47	22.10	21.71	21.32	20.91	20.49	20.07	19.63	19.20
36	26.59		26.59	26.59	26.28	25.95	25.60	25.25	24.89	24.53	24.15	23.77	23.39	22.99	22.60	22.18	21.76	21.32	20.87	20.43	19.97	19.52
37	27.36		27.36	27.36	27.01	26.66	26.29	25.92	25.53	25.15	24.75	24.35	23.94	23.53	23.09	22.65	22.20	21.74	21.27	20.79	20.33	19.85
38	28.16		28.16	28.16	27.79	27.41	27.02	26.62	26.22	25.80	25.39	24.96	24.53	24.07	23.61	23.14	22.66	22.18	21.68	21.19	20.70	20.20
39	29.01		29.01	29.01	28.62	28.21	27.80	27.37	26.94	26.51	26.06	25.61	25.14	24.65	24.16	23.66	23.15	22.64	22.12	21.60	21.09	20.57
40	29.91		29.91	29.91	29.48	29.05	28.60	28.15	27.70	27.23	26.75	26.27	25.76	25.24	24.73	24.19	23.65	23.11	22.58	22.04	21.49	20.93
41	30.85		30.85	30.85	30.40	29.93	29.46	28.99	28.50	28.00	27.49	26.96	26.42	25.87	25.31	24.76	24.19	23.63	23.06	22.49	21.92	21.33
42	31.85		31.85	31.85	3																	

Table 1  
Policy Form: 01-1121-08, Male Tobacco/Juvenile  
Actual Surrender Charge====>

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
0	13.57	13.57	13.57	13.57	13.57	12.66	11.77	10.86	9.95	9.05	8.14	7.23	6.34	5.43	4.52	3.62	2.71	1.80	0.91
1	13.72	13.72	13.72	13.72	13.72	12.80	11.89	10.97	10.06	9.15	8.23	7.31	6.41	5.49	4.57	3.66	2.74	1.82	0.92
2	13.87	13.87	13.87	13.87	13.87	12.94	12.02	11.09	10.16	9.25	8.32	7.39	6.48	5.55	4.62	3.70	2.77	1.84	0.93
3	14.01	14.01	14.01	14.01	14.01	13.08	12.15	11.21	10.27	9.35	8.41	7.47	6.54	5.61	4.67	3.74	2.80	1.86	0.94
4	14.16	14.16	14.16	14.16	14.16	13.21	12.28	11.33	10.38	9.45	8.50	7.55	6.61	5.66	4.72	3.78	2.83	1.88	0.95
5	14.31	14.31	14.31	14.31	14.31	13.35	12.41	11.45	10.49	9.54	8.59	7.63	6.68	5.72	4.77	3.82	2.86	1.90	0.96
6	14.51	14.51	14.51	14.51	14.51	13.54	12.58	11.61	10.63	9.68	8.70	7.73	6.78	5.80	4.83	3.87	2.90	1.93	0.97
7	14.71	14.71	14.71	14.71	14.71	13.72	12.75	11.76	10.78	9.81	8.82	7.84	6.87	5.88	4.90	3.93	2.94	1.96	0.99
8	14.90	14.90	14.90	14.90	14.90	13.91	12.92	11.92	10.92	9.94	8.94	7.94	6.96	5.96	4.96	3.98	2.98	1.98	1.00
9	15.10	15.10	15.10	15.10	15.10	14.09	13.09	12.08	11.07	10.07	9.06	8.05	7.05	6.04	5.03	4.03	3.02	2.01	1.01
10	15.30	15.30	15.30	15.30	15.30	14.27	13.27	12.24	11.21	10.21	9.18	8.15	7.15	6.12	5.09	4.09	3.06	2.03	1.03
11	15.55	15.55	15.55	15.55	15.55	14.51	13.48	12.44	11.40	10.37	9.33	8.29	7.26	6.22	5.18	4.15	3.11	2.07	1.04
12	15.80	15.80	15.80	15.80	15.80	14.74	13.70	12.64	11.58	10.54	9.48	8.42	7.38	6.32	5.26	4.22	3.16	2.10	1.06
13	16.05	16.05	16.05	16.05	16.05	14.97	13.92	12.84	11.76	10.71	9.63	8.55	7.50	6.42	5.34	4.29	3.21	2.13	1.08
14	16.30	16.30	16.30	16.30	16.30	15.21	14.13	13.04	11.95	10.87	9.78	8.69	7.61	6.52	5.43	4.35	3.26	2.17	1.09
15	16.55	16.55	16.55	16.55	16.55	15.44	14.35	13.24	12.13	11.04	9.93	8.82	7.73	6.62	5.51	4.42	3.31	2.20	1.11
16	16.83	16.83	16.83	16.83	16.83	15.70	14.59	13.47	12.34	11.23	10.10	8.97	7.86	6.73	5.61	4.49	3.37	2.24	1.13
17	17.11	17.11	17.11	17.11	17.11	15.97	14.84	13.69	12.54	11.42	10.27	9.12	7.99	6.85	5.70	4.57	3.42	2.28	1.15
18	17.40	17.40	17.40	17.40	17.40	16.23	15.08	13.92	12.75	11.60	10.44	9.27	8.12	6.96	5.79	4.64	3.48	2.31	1.17
19	17.68	17.68	17.68	17.68	17.68	16.49	15.33	14.14	12.96	11.79	10.61	9.42	8.26	7.07	5.89	4.72	3.54	2.35	1.18
20	17.96	17.96	17.96	17.96	17.96	16.76	15.57	14.37	13.16	11.98	10.78	9.57	8.39	7.18	5.98	4.80	3.59	2.39	1.20
21	18.29	18.29	18.29	18.29	18.29	17.06	15.86	14.63	13.41	12.20	10.97	9.75	8.54	7.32	6.09	4.88	3.66	2.43	1.23
22	18.62	18.62	18.62	18.62	18.62	17.37	16.14	14.90	13.65	12.42	11.17	9.92	8.70	7.45	6.20	4.97	3.72	2.48	1.25
23	18.95	18.95	18.95	18.95	18.95	17.68	16.43	15.16	13.89	12.64	11.37	10.10	8.85	7.58	6.31	5.06	3.79	2.52	1.27
24	19.28	19.28	19.28	19.28	19.28	17.99	16.72	15.42	14.13	12.86	11.57	10.28	9.00	7.71	6.42	5.15	3.86	2.56	1.29
25	19.61	19.61	19.61	19.61	19.61	18.30	17.00	15.69	14.37	13.08	11.77	10.45	9.16	7.84	6.53	5.24	3.92	2.61	1.31
26	20.01	20.01	20.01	20.01	20.01	18.67	17.35	16.01	14.67	13.35	12.00	10.66	9.34	8.00	6.66	5.34	4.00	2.66	1.34
27	20.41	20.41	20.41	20.41	20.41	19.04	17.69	16.32	14.96	13.61	12.24	10.88	9.53	8.16	6.80	5.45	4.08	2.71	1.37
28	20.80	20.80	20.80	20.80	20.80	19.41	18.04	16.64	15.25	13.88	12.48	11.09	9.72	8.32	6.93	5.55	4.16	2.77	1.39
29	21.20	21.20	21.20	21.20	21.20	19.78	18.38	16.96	15.54	14.14	12.72	11.30	9.90	8.48	7.06	5.66	4.24	2.82	1.42
30	21.60	21.60	21.60	21.60	21.60	20.15	18.73	17.28	15.83	14.41	12.96	11.51	10.09	8.64	7.19	5.77	4.32	2.87	1.45
31	22.13	22.13	22.13	22.13	22.13	20.64	19.18	17.70	16.22	14.76	13.28	11.79	10.33	8.85	7.37	5.91	4.43	2.94	1.48
32	22.65	22.65	22.65	22.65	22.65	21.13	19.64	18.12	16.60	15.11	13.59	12.07	10.58	9.06	7.54	6.05	4.53	3.01	1.52
33	23.18	23.18	23.18	23.18	23.18	21.63	20.10	18.54	16.99	15.46	13.91	12.35	10.82	9.27	7.72	6.19	4.64	3.08	1.55
34	23.70	23.70	23.70	23.70	23.70	22.12	20.55	18.96	17.38	15.81	14.22	12.63	11.07	9.48	7.89	6.33	4.74	3.15	1.59
35	24.23	24.23	24.23	24.23	24.23	22.61	21.01	19.38	17.76	16.16	14.54	12.91	11.32	9.69	8.07	6.47	4.85	3.22	1.62
36	24.92	24.92	24.92	24.92	24.92	23.25	21.60	19.93	18.26	16.62	14.95	13.28	11.64	9.97	8.30	6.65	4.98	3.31	1.67
37	25.57	25.57	25.57	25.57	25.57	23.86	22.17	20.46	18.74	17.06	15.34	13.63	11.94	10.23	8.51	6.83	5.11	3.40	1.71
38	26.26	26.26	26.26	26.26	26.26	24.50	22.77	21.01	19.25	17.52	15.76	14.00	12.26	10.50	8.74	7.01	5.25	3.49	1.76
39	26.98	26.98	26.98	26.98	26.98	25.17	23.39	21.59	19.78	18.00	16.19	14.38	12.60	10.79	8.99	7.20	5.40	3.59	1.81
40	27.67	27.67	27.67	27.67	27.67	25.82	23.99	22.14	20.28	18.46	16.60	14.75	12.92	11.07	9.21	7.39	5.53	3.68	1.85
41	28.54	28.54	28.54	28.54	28.54	26.63	24.75	22.84	20.92	19.04	17.13	15.21	13.33	11.42	9.51	7.62	5.71	3.80	1.91
42	29.40	29.40	29.40	29.40	29.40	27.43	25.49	23.52	21.55	19.61	17.64	15.67	13.73	11.76	9.79	7.85	5.88	3.91	1.97
43	30.27	30.27	30.27	30.27	30.27	28.24	26.24	24.22	22.19	20.19	18.16	16.13	14.14	12.11	10.08	8.08	6.05	4.03	2.03
44	31.17	31.17	31.17	31.17	31.17	29.08	27.02	24.93	22.84	20.79	18.70	16.61	14.55	12.47	10.38	8.32	6.23	4.15	2.09
45	32.04	32.04	32.04	32.04	32.04	29.89	27.78	25.63	23.49	21.37	19.22	17.08	14.96	12.82	10.67	8.55	6.41	4.26	2.15
46	33.09	33.09	33.09	33.09	33.09	30.87	28.69	26.47	24.25	22.07	19.85	17.64	15.45	13.24	11.02	8.84	6.62	4.40	2.22
47	34.03	34.03	34.03	34.03	34.03	31.75	29.50	27.22	24.94	22.70	20.42	18.14	15.89	13.61	11.33	9.09	6.81	4.53	2.28
48	35.19	35.19	35.19	35.19	35.19	32.83	30.51	28.15	25.79	23.47	21.11	18.76	16.43	14.08	11.72	9.40	7.04	4.68	2.36
49	36.33	36.33	36.33	36.33	36.33	33.90	31.50	29.06	26.63	24.23	21.80	19.36	16.97	14.53	12.10	9.70	7.27	4.83	2.43
50	37.52	37.52	37.52	37.52	37.52	35.01	32.53	30.02	27.50	25.03	22.51	20.00	17.52	15.01	12.49	10.02	7.50	4.99	2.51
51	38.94	38.94	38.94	38.94	38.94	36.33	33.76	31.15	28.54	25.97	23.36	20.76	18.18	15.58	12.97	10.40	7.79	5.18	2.61
52	40.33	40.33	40.33	40.33	40.33	37.63	34.97	32.26	29.56	26.90	24.20	21.50	18.83	16.13	13.43	10.77	8.07	5.36	2.70
53	41.82	41.82	41.82	41.82	41.82	39.02	36.26	33.46	30.65	27.89	25.09	22.29	19.53	16.73	13.93	11.17	8.36	5.56	2.80
54	43.37	43.37	43.37	43.37	43.37	40.46	37.60	34.70	31.79	28.93	26.02	23.12	20.25	17.35	14.44	11.58	8.67	5.77	2.91
55	44.93	44.93	44.93	44.93	44.93	41.92	38.95	35.94	32.93	29.97	26.96	23.95	20.98	17.97	14.96	12.00	8.99	5.98	3.01
56	47.56	46.28	45.04	43.76	42.47	39.67	36.81	34.01	31.15	28.35	25.49	22.64	19.83	16.98	14.17	11.32	8.51	5.66	2.85
57	50.19	48.84	47.53	46.18	44.82	41.86	38.85	35.89	32.88	29.92	26.90	23.89	20.93	17.92	14.96	11.95	8.98	5.97	3.01
58	52.83	51.40	50.03	48.60	47.17	44.06	40.89	37.77	34.60	31.48	28.31	25.15	22.03	18.86	15.74	12.57	9.46	6.29	3.17
59	55.46	53.96	52.52	51.02	49.52	46.25	42.92	39.65	36.32	33.05	29.73	26.40	23.13	19.80	16.53	13.20	9.93	6.60	3.33
60	58.09	56.52	55.01	53.44	51.87	48.45	44.96	41.53	38.05	34.62	31.14	27.65	24.22	20.74	17.31	13.83	10.40	6.91	3.49
61	58.09	56.29	54.43	52.57	50.65	47.28	43.91	40.54	37.18	33.75	30.38	27.01	23.64	20.27	16.90	13.53	10.11	6.74	3.37
62	58.08	56.28																	

Table 1  
Policy Form: 01-1121-08, Male Tobacco/Juvenile  
Maximum Less Actual Surrender Charge

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
0	0.33	0.29	0.25	0.20	0.15	1.01	1.85	2.70	3.56	4.40	5.24	6.08	6.92	7.76	8.60	9.42	10.26	11.10	11.93
1	0.31	0.27	0.22	0.17	0.12	0.99	1.83	2.70	3.56	4.40	5.26	6.11	6.95	7.80	8.65	9.48	10.33	11.18	12.01
2	0.31	0.26	0.21	0.16	0.11	0.98	1.84	2.71	3.58	4.42	5.29	6.15	6.99	7.85	8.71	9.55	10.40	11.26	12.10
3	0.33	0.28	0.22	0.17	0.11	0.99	1.85	2.73	3.60	4.46	5.33	6.19	7.05	7.92	8.79	9.63	10.50	11.36	12.20
4	0.36	0.31	0.25	0.20	0.14	1.02	1.89	2.77	3.65	4.52	5.39	6.27	7.13	8.00	8.87	9.74	10.61	11.47	12.32
5	0.40	0.34	0.28	0.22	0.16	1.05	1.93	2.82	3.70	4.57	5.46	6.34	7.21	8.09	8.97	9.84	10.71	11.58	12.44
6	0.40	0.34	0.28	0.21	0.14	1.04	1.93	2.83	3.73	4.61	5.50	6.40	7.28	8.17	9.06	9.93	10.82	11.70	12.56
7	0.41	0.35	0.28	0.22	0.15	1.05	1.95	2.86	3.77	4.66	5.57	6.47	7.36	8.27	9.16	10.04	10.94	11.83	12.70
8	0.42	0.35	0.28	0.21	0.14	1.06	1.97	2.89	3.81	4.71	5.63	6.55	7.44	8.35	9.26	10.15	11.05	11.95	12.83
9	0.45	0.38	0.30	0.23	0.15	1.08	2.00	2.93	3.86	4.78	5.70	6.63	7.54	8.46	9.37	10.27	11.18	12.09	12.98
10	0.49	0.42	0.34	0.26	0.18	1.12	2.05	3.00	3.93	4.86	5.80	6.73	7.64	8.58	9.50	10.40	11.32	12.24	13.13
11	0.49	0.41	0.33	0.25	0.17	1.12	2.06	3.02	3.98	4.90	5.85	6.81	7.73	8.66	9.60	10.52	11.45	12.37	13.28
12	0.50	0.41	0.33	0.24	0.16	1.12	2.09	3.05	4.01	4.96	5.92	6.88	7.82	8.77	9.72	10.65	11.59	12.52	13.43
13	0.52	0.43	0.34	0.25	0.17	1.16	2.12	3.10	4.08	5.04	6.01	6.97	7.92	8.89	9.84	10.78	11.74	12.68	13.60
14	0.54	0.45	0.36	0.27	0.18	1.18	2.16	3.15	4.14	5.11	6.09	7.07	8.03	9.01	9.97	10.92	11.87	12.83	13.75
15	0.58	0.49	0.40	0.31	0.21	1.22	2.21	3.21	4.21	5.19	6.19	7.18	8.15	9.13	10.11	11.06	12.03	12.99	13.92
16	0.59	0.50	0.40	0.31	0.20	1.22	2.22	3.24	4.26	5.25	6.26	7.26	8.24	9.23	10.22	11.19	12.15	13.13	14.07
17	0.60	0.50	0.40	0.30	0.19	1.23	2.25	3.27	4.31	5.31	6.33	7.34	8.33	9.33	10.33	11.31	12.28	13.27	14.22
18	0.63	0.51	0.41	0.30	0.19	1.24	2.27	3.31	4.35	5.37	6.40	7.42	8.42	9.43	10.44	11.42	12.41	13.40	14.36
19	0.66	0.55	0.43	0.32	0.20	1.27	2.30	3.36	4.41	5.44	6.48	7.51	8.52	9.54	10.56	11.54	12.54	13.55	14.52
20	0.70	0.59	0.47	0.35	0.22	1.30	2.35	3.41	4.48	5.51	6.56	7.61	8.62	9.65	10.67	11.68	12.69	13.69	14.68
21	0.71	0.58	0.45	0.33	0.20	1.29	2.35	3.44	4.51	5.56	6.61	7.67	8.70	9.74	10.77	11.79	12.81	13.82	14.82
22	0.73	0.61	0.47	0.33	0.19	1.30	2.38	3.47	4.55	5.62	6.68	7.75	8.79	9.84	10.89	11.91	12.94	13.97	14.98
23	0.76	0.62	0.48	0.34	0.20	1.31	2.40	3.51	4.61	5.68	6.75	7.83	8.88	9.94	11.00	12.03	13.08	14.11	15.12
24	0.82	0.68	0.53	0.37	0.21	1.34	2.45	3.56	4.67	5.75	6.84	7.93	8.99	10.06	11.13	12.17	13.22	14.27	15.29
25	0.89	0.74	0.59	0.42	0.25	1.39	2.50	3.62	4.74	5.83	6.93	8.03	9.09	10.18	11.26	12.31	13.37	14.43	15.47
26	0.91	0.75	0.59	0.41	0.23	1.38	2.50	3.64	4.77	5.88	7.00	8.10	9.18	10.28	11.37	12.44	13.52	14.59	15.63
27	0.95	0.77	0.59	0.41	0.22	1.39	2.52	3.68	4.81	5.94	7.06	8.19	9.28	10.39	11.49	12.57	13.66	14.76	15.81
28	1.01	0.82	0.63	0.43	0.22	1.40	2.55	3.71	4.88	6.00	7.14	8.28	9.38	10.51	11.62	12.71	13.83	14.93	16.00
29	1.09	0.89	0.69	0.47	0.25	1.44	2.60	3.78	4.95	6.08	7.24	8.39	9.51	10.65	11.77	12.88	14.00	15.11	16.19
30	1.21	1.00	0.77	0.55	0.31	1.51	2.69	3.87	5.06	6.20	7.36	8.53	9.66	10.81	11.95	13.06	14.20	15.31	16.40
31	1.23	0.99	0.76	0.52	0.26	1.49	2.68	3.87	5.07	6.24	7.43	8.61	9.76	10.93	12.09	13.22	14.36	15.50	16.61
32	1.28	1.04	0.78	0.52	0.25	1.49	2.69	3.92	5.13	6.33	7.52	8.73	9.89	11.07	12.26	13.41	14.56	15.72	16.84
33	1.36	1.10	0.84	0.56	0.26	1.52	2.75	3.99	5.22	6.42	7.64	8.85	10.04	11.25	12.44	13.60	14.77	15.94	17.08
34	1.48	1.20	0.91	0.60	0.30	1.58	2.82	4.07	5.32	6.54	7.77	9.00	10.21	11.42	12.62	13.80	14.99	16.16	17.31
35	1.64	1.34	1.02	0.70	0.38	1.67	2.91	4.19	5.45	6.69	7.94	9.18	10.40	11.63	12.84	14.02	15.22	16.41	17.57
36	1.68	1.36	1.03	0.68	0.33	1.65	2.93	4.22	5.51	6.77	8.04	9.31	10.54	11.79	13.02	14.22	15.45	16.66	17.85
37	1.79	1.44	1.09	0.72	0.35	1.68	2.98	4.30	5.61	6.89	8.19	9.46	10.71	11.97	13.22	14.44	15.68	16.93	18.14
38	1.90	1.53	1.15	0.76	0.36	1.72	3.04	4.38	5.71	7.01	8.31	9.62	10.88	12.16	13.43	14.67	15.94	17.20	18.44
39	2.03	1.64	1.23	0.81	0.39	1.77	3.12	4.48	5.83	7.14	8.46	9.78	11.06	12.36	13.65	14.92	16.21	17.50	18.76
40	2.24	1.81	1.38	0.93	0.48	1.88	3.24	4.62	5.99	7.31	8.64	9.98	11.27	12.58	13.90	15.19	16.50	17.81	19.08
41	2.31	1.85	1.39	0.92	0.44	1.87	3.26	4.65	6.04	7.38	8.75	10.10	11.43	12.77	14.12	15.44	16.78	18.12	19.41
42	2.45	1.96	1.46	0.97	0.46	1.91	3.31	4.72	6.13	7.50	8.88	10.27	11.62	12.99	14.37	15.71	17.07	18.44	19.76
43	2.62	2.11	1.59	1.05	0.50	1.97	3.39	4.82	6.25	7.63	9.04	10.45	11.83	13.24	14.64	16.00	17.38	18.77	20.13
44	2.82	2.27	1.71	1.14	0.55	2.02	3.46	4.92	6.36	7.77	9.21	10.65	12.05	13.48	14.90	16.29	17.69	19.11	20.50
45	3.10	2.51	1.90	1.28	0.64	2.13	3.58	5.05	6.52	7.95	9.42	10.87	12.29	13.74	15.17	16.58	18.02	19.47	20.89
46	3.25	2.61	1.96	1.29	0.60	2.11	3.59	5.09	6.60	8.06	9.55	11.04	12.49	13.95	15.43	16.87	18.34	19.84	21.30
47	3.58	2.89	2.18	1.46	0.72	2.25	3.74	5.27	6.80	8.28	9.80	11.29	12.75	14.25	15.75	17.21	18.72	20.25	21.74
48	3.77	3.03	2.26	1.48	0.69	2.26	3.78	5.34	6.89	8.41	9.94	11.47	12.96	14.49	16.03	17.55	19.11	20.67	22.20
49	4.07	3.26	2.44	1.60	0.76	2.35	3.91	5.49	7.07	8.60	10.16	11.71	13.23	14.81	16.39	17.94	19.54	21.13	22.68
50	4.41	3.54	2.66	1.77	0.87	2.49	4.07	5.68	7.27	8.82	10.40	11.99	13.55	15.16	16.77	18.36	19.99	21.59	23.17
51	4.63	3.69	2.75	1.80	0.85	2.51	4.12	5.74	7.37	8.95	10.58	12.22	13.83	15.49	17.15	18.77	20.43	22.07	23.67
52	4.97	3.97	2.96	1.95	0.94	2.62	4.24	5.90	7.55	9.17	10.84	12.52	14.18	15.87	17.57	19.22	20.90	22.57	24.18
53	5.31	4.24	3.16	2.09	1.00	2.70	4.35	6.03	7.72	9.38	11.10	12.83	14.52	16.25	17.97	19.65	21.34	23.05	24.71
54	5.69	4.54	3.40	2.24	1.06	2.78	4.46	6.18	7.91	9.62	11.39	13.15	14.88	16.63	18.37	20.07	21.80	23.54	25.24
55	6.16	4.94	3.70	2.45	1.18	2.93	4.62	6.40	8.17	9.91	11.71	13.51	15.24	17.02	18.79	20.49	22.26	24.03	25.78
56	5.65	5.61	5.52	5.45	5.38	6.85	8.37	9.86	11.41	12.92	14.47	16.02	17.51	19.03	20.50	22.03	23.52	25.06	26.58
57	5.26	5.19	5.05	4.96	4.88	6.41	8.02	9.60	11.22	12.79	14.41	16.01	17.55	19.14	20.67	22.28	23.84	25.47	27.06
58	5.00	4.88	4.70	4.59	4.50	6.11	7.80	9.42	11.11	12.73	14.39	16.04	17.63	19.27	20.89	22.57	24.20	25.90	27.57
59	2.93	2.83	2.67	2.59	2.53	4.26	6.05	7.78	9.56	11.26	13.00	14.74	16.43	18.21	19.93	21.72	23.47	25.29	27.09
60	0.25	0.18	0.07	0.04	0.02	1.86	3.77	5.60	7.48	9.28	11.13	13.00	14.83	16.72	18.57	20.48	22.37	24.34	26.29
61	0.22	0.35	0.56	0.79	1.09	2.83	4.56	6.27	7.96	9.72	11.42	13.14	14.88	16.62	18.38	20.16	22.02	23.88	25.79
62	0.20	0.30	0.48	0.67	0.91	2.59	4.26	5.91	7.56	9.26	10.94	12.62	14.32	16.03	17.77	19.53	21.40	23.26	25.19
63	0.17	0.24	0.38	0.52	0.70	2.31	3.91	5.50	7.11	8.79	10.43	12.07	13.73	15.42	17.14	18.91	20.78	22.66	24.59
64	0.15	0.17	0.25																

Initial		ExcessF	Unused	Table 2																			
Maximur Unit		Maximur Policy Form: 01-1121-08, Male Non-Tobacco																					
Age	EA	Charge	IEA	Maximum	Surrender	Charge=====																	
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
15	15.58		15.58	15.58	15.52	15.46	15.39	15.32	15.25	15.18	15.10	15.02	14.94	14.85	14.76	14.67	14.57	14.46	14.36	14.25	14.14	14.02	
16	15.79		15.79	15.79	15.73	15.66	15.59	15.52	15.44	15.36	15.28	15.20	15.11	15.02	14.93	14.83	14.73	14.61	14.50	14.38	14.26	14.14	
17	16.01		16.01	16.01	15.94	15.87	15.80	15.72	15.64	15.56	15.47	15.38	15.29	15.20	15.10	14.99	14.88	14.76	14.64	14.52	14.39	14.26	
18	16.24		16.24	16.24	16.16	16.09	16.01	15.93	15.85	15.76	15.67	15.57	15.48	15.37	15.27	15.16	15.03	14.91	14.79	14.66	14.53	14.39	
19	16.47		16.47	16.47	16.40	16.32	16.23	16.15	16.06	15.97	15.87	15.77	15.67	15.56	15.45	15.32	15.20	15.07	14.94	14.81	14.66	14.52	
20	16.72		16.72	16.72	16.64	16.55	16.46	16.37	16.28	16.18	16.08	15.98	15.87	15.75	15.62	15.50	15.37	15.23	15.10	14.95	14.80	14.65	
21	16.97		16.97	16.97	16.89	16.80	16.70	16.61	16.51	16.41	16.30	16.19	16.07	15.94	15.81	15.68	15.54	15.40	15.26	15.10	14.95	14.79	
22	17.24		17.24	17.24	17.15	17.05	16.95	16.85	16.75	16.64	16.52	16.40	16.27	16.14	16.01	15.87	15.72	15.57	15.42	15.26	15.09	14.92	
23	17.52		17.52	17.52	17.43	17.33	17.22	17.11	17.00	16.89	16.76	16.63	16.49	16.36	16.21	16.07	15.91	15.76	15.59	15.42	15.25	15.07	
24	17.82		17.82	17.82	17.71	17.61	17.50	17.38	17.26	17.14	17.01	16.86	16.72	16.58	16.43	16.27	16.11	15.94	15.77	15.59	15.41	15.22	
25	18.13		18.13	18.13	18.02	17.91	17.79	17.67	17.54	17.41	17.26	17.12	16.97	16.81	16.65	16.49	16.32	16.14	15.96	15.77	15.57	15.37	
26	18.46		18.46	18.46	18.35	18.23	18.10	17.97	17.84	17.70	17.54	17.39	17.23	17.06	16.89	16.72	16.54	16.35	16.16	15.95	15.75	15.54	
27	18.80		18.80	18.80	18.67	18.55	18.41	18.27	18.13	17.97	17.81	17.65	17.48	17.31	17.13	16.94	16.75	16.56	16.34	16.14	15.92	15.70	
28	19.16		19.16	19.16	19.03	18.89	18.75	18.60	18.44	18.27	18.11	17.94	17.76	17.57	17.38	17.19	16.99	16.77	16.56	16.34	16.11	15.88	
29	19.54		19.54	19.54	19.40	19.25	19.10	18.94	18.77	18.60	18.42	18.24	18.05	17.85	17.65	17.44	17.22	17.00	16.78	16.55	16.31	16.07	
30	19.94		19.94	19.94	19.79	19.63	19.47	19.30	19.12	18.93	18.75	18.55	18.35	18.15	17.92	17.70	17.48	17.25	17.01	16.77	16.51	16.25	
31	20.36		20.36	20.36	20.20	20.03	19.86	19.67	19.48	19.29	19.09	18.88	18.67	18.44	18.22	17.98	17.75	17.50	17.26	16.99	16.72	16.45	
32	20.81		20.81	20.81	20.64	20.46	20.27	20.07	19.87	19.67	19.45	19.23	19.01	18.77	18.53	18.29	18.03	17.78	17.50	17.23	16.95	16.66	
33	21.29		21.29	21.29	21.10	20.91	20.71	20.50	20.29	20.07	19.84	19.61	19.36	19.12	18.86	18.60	18.34	18.06	17.77	17.48	17.18	16.87	
34	21.79		21.79	21.79	21.60	21.39	21.17	20.95	20.73	20.49	20.25	20.00	19.74	19.48	19.22	18.93	18.65	18.36	18.06	17.74	17.42	17.10	
35	22.32		22.32	22.32	22.11	21.89	21.66	21.42	21.18	20.93	20.67	20.41	20.14	19.86	19.57	19.28	18.98	18.67	18.34	18.01	17.68	17.32	
36	22.87		22.87	22.87	22.64	22.41	22.16	21.91	21.65	21.39	21.11	20.83	20.54	20.24	19.94	19.63	19.31	18.97	18.63	18.28	17.92	17.56	
37	23.46		23.46	23.46	23.22	22.96	22.70	22.44	22.16	21.87	21.59	21.29	20.98	20.67	20.34	20.00	19.66	19.31	18.94	18.57	18.20	17.81	
38	24.08		24.08	24.08	23.83	23.55	23.27	22.99	22.70	22.39	22.08	21.77	21.44	21.10	20.75	20.39	20.03	19.65	19.27	18.87	18.48	18.08	
39	24.74		24.74	24.74	24.46	24.16	23.87	23.57	23.25	22.93	22.60	22.26	21.91	21.55	21.18	20.80	20.40	20.01	19.60	19.19	18.77	18.35	
40	25.43		25.43	25.43	25.13	24.81	24.50	24.18	23.84	23.50	23.14	22.78	22.41	22.02	21.62	21.21	20.80	20.38	19.95	19.51	19.08	18.62	
41	26.15		26.15	26.15	25.83	25.49	25.16	24.80	24.45	24.09	23.70	23.32	22.91	22.50	22.07	21.65	21.21	20.77	20.31	19.85	19.38	18.90	
42	26.92		26.92	26.92	26.58	26.23	25.87	25.49	25.11	24.71	24.31	23.89	23.46	23.02	22.56	22.11	21.64	21.18	20.69	20.21	19.71	19.20	
43	27.73		27.73	27.73	27.37	26.98	26.60	26.20	25.78	25.36	24.92	24.47	24.01	23.55	23.07	22.58	22.09	21.59	21.08	20.56	20.03	19.50	
44	28.58		28.58	28.58	28.18	27.78	27.35	26.93	26.48	26.03	25.56	25.07	24.59	24.09	23.58	23.07	22.55	22.01	21.48	20.92	20.36	19.80	
45	29.48		29.48	29.48	29.05	28.62	28.17	27.71	27.23	26.73	26.23	25.72	25.20	24.67	24.14	23.59	23.03	22.46	21.88	21.31	20.72	20.13	
46	30.43		30.43	30.43	29.97	29.50	29.01	28.51	27.99	27.47	26.94	26.39	25.83	25.28	24.70	24.12	23.52	22.92	22.31	21.70	21.08	20.48	
47	31.42		31.42	31.42	30.93	30.41	29.90	29.36	28.80	28.24	27.67	27.08	26.49	25.90	25.29	24.66	24.03	23.39	22.75	22.11	21.47	20.82	
48	32.48		32.48	32.48	31.95	31.39	30.83	30.25	29.66	29.06	28.45	27.84	27.20	26.56	25.90	25.23	24.56	23.89	23.22	22.54	21.86	21.18	
49	33.61		33.61	33.61	33.03	32.43	31.83	31.20	30.57	29.93	29.28	28.62	27.94	27.25	26.55	25.85	25.14	24.43	23.72	23.00	22.28	21.55	
50	34.82		34.82	34.82	34.20	33.56	32.90	32.23	31.55	30.87	30.17	29.46	28.73	27.99	27.25	26.50	25.75	25.01	24.24	23.49	22.72	21.94	
51	36.10		36.10	36.10	35.43	34.74	34.03	33.32	32.60	31.85	31.10	30.33	29.55	28.77	27.98	27.20	26.40	25.60	24.79	23.99	23.16	22.34	
52	37.46		37.46	37.46	36.73	35.98	35.23	34.46	33.68	32.88	32.08	31.25	30.43	29.59	28.76	27.92	27.07	26.23	25.36	24.49	23.62	22.74	
53	38.90		38.90	38.90	38.10	37.31	36.49	35.67	34.82	33.96	33.10	32.22	31.33	30.46	29.56	28.67	27.77	26.85	25.94	25.01	24.08	23.15	
54	40.44		40.44	40.44	39.58	38.73	37.85	36.95	36.04	35.12	34.18	33.25	32.32	31.37	30.42	29.47	28.50	27.53	26.54	25.55	24.57	23.59	
55	42.06		42.06	42.06	41.15	40.21	39.26	38.29	37.31	36.32	35.33	34.33	33.33	32.32	31.30	30.28	29.25	28.20	27.15	26.10	25.06	24.03	
56	43.78		43.78	43.78	42.79	41.78	40.74	39.70	38.65	37.59	36.53	35.47	34.39	33.31	32.23	31.12	30.01	28.89	27.77	26.66	25.57	24.48	
57	45.60		45.60	45.60	44.53	43.42	42.32	41.19	40.06	38.93	37.79	36.66	35.50	34.34	33.17	31.98	30.79	29.59	28.42	27.25	26.08	24.93	
58	47.54		47.54	47.54	46.37	45.18	43.99	42.78	41.57	40.36	39.14	37.91	36.67	35.41	34.14	32.87	31.60	30.35	29.09	27.85	26.62		

Table 2  
Policy Form: 01-1121-08, Male Tobacco/Juvenile  
Actual Surrender Charge====>

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
15	15.15	15.15	15.15	15.15	15.15	14.13	13.14	12.12	11.10	10.11	9.09	8.07	7.08	6.06	5.04	4.05	3.03	2.01	1.02
16	15.36	15.36	15.36	15.36	15.36	14.33	13.32	12.29	11.26	10.24	9.21	8.19	7.17	6.14	5.11	4.10	3.07	2.04	1.03
17	15.57	15.57	15.57	15.57	15.57	14.52	13.50	12.45	11.41	10.38	9.34	8.30	7.27	6.23	5.18	4.16	3.11	2.07	1.04
18	15.77	15.77	15.77	15.77	15.77	14.72	13.68	12.62	11.56	10.52	9.46	8.41	7.37	6.31	5.25	4.21	3.15	2.10	1.06
19	15.98	15.98	15.98	15.98	15.98	14.91	13.86	12.79	11.71	10.66	9.59	8.52	7.46	6.39	5.32	4.27	3.20	2.13	1.07
20	16.19	16.19	16.19	16.19	16.19	15.11	14.04	12.95	11.87	10.80	9.71	8.63	7.56	6.48	5.39	4.32	3.24	2.15	1.08
21	16.44	16.44	16.44	16.44	16.44	15.34	14.26	13.16	12.05	10.97	9.87	8.76	7.68	6.58	5.48	4.39	3.29	2.19	1.10
22	16.70	16.70	16.70	16.70	16.70	15.58	14.48	13.36	12.24	11.14	10.02	8.90	7.80	6.68	5.56	4.46	3.34	2.22	1.12
23	16.95	16.95	16.95	16.95	16.95	15.82	14.70	13.56	12.43	11.31	10.17	9.04	7.92	6.78	5.65	4.53	3.39	2.25	1.14
24	17.21	17.21	17.21	17.21	17.21	16.05	14.92	13.76	12.61	11.48	10.32	9.17	8.04	6.88	5.73	4.59	3.44	2.29	1.15
25	17.46	17.46	17.46	17.46	17.46	16.29	15.14	13.97	12.80	11.65	10.48	9.31	8.15	6.98	5.81	4.66	3.49	2.32	1.17
26	17.78	17.78	17.78	17.78	17.78	16.59	15.41	14.22	13.03	11.86	10.67	9.48	8.30	7.11	5.92	4.75	3.56	2.36	1.19
27	18.10	18.10	18.10	18.10	18.10	16.88	15.69	14.48	13.26	12.07	10.86	9.65	8.45	7.24	6.03	4.83	3.62	2.41	1.21
28	18.41	18.41	18.41	18.41	18.41	17.18	15.96	14.73	13.50	12.28	11.05	9.81	8.60	7.37	6.13	4.92	3.68	2.45	1.23
29	18.73	18.73	18.73	18.73	18.73	17.48	16.24	14.99	13.73	12.49	11.24	9.98	8.75	7.49	6.24	5.00	3.75	2.49	1.26
30	19.05	19.05	19.05	19.05	19.05	17.77	16.52	15.24	13.96	12.71	11.43	10.15	8.90	7.62	6.34	5.09	3.81	2.53	1.28
31	19.46	19.46	19.46	19.46	19.46	18.16	16.88	15.57	14.27	12.98	11.68	10.37	9.09	7.79	6.48	5.20	3.89	2.59	1.30
32	19.88	19.88	19.88	19.88	19.88	18.55	17.23	15.90	14.57	13.26	11.93	10.59	9.28	7.95	6.62	5.31	3.98	2.64	1.33
33	20.29	20.29	20.29	20.29	20.29	18.93	17.59	16.23	14.87	13.53	12.18	10.82	9.48	8.12	6.76	5.42	4.06	2.70	1.36
34	20.71	20.71	20.71	20.71	20.71	19.32	17.95	16.56	15.18	13.81	12.42	11.04	9.67	8.28	6.90	5.53	4.14	2.75	1.39
35	21.12	21.12	21.12	21.12	21.12	19.70	18.31	16.90	15.48	14.09	12.67	11.26	9.86	8.45	7.03	5.64	4.22	2.81	1.42
36	21.66	21.66	21.66	21.66	21.66	20.21	18.78	17.32	15.87	14.44	12.99	11.54	10.11	8.66	7.21	5.78	4.33	2.88	1.45
37	22.19	22.19	22.19	22.19	22.19	20.71	19.24	17.75	16.27	14.80	13.32	11.83	10.36	8.88	7.39	5.93	4.44	2.95	1.49
38	22.73	22.73	22.73	22.73	22.73	21.21	19.71	18.18	16.66	15.16	13.64	12.11	10.61	9.09	7.57	6.07	4.55	3.02	1.52
39	23.26	23.26	23.26	23.26	23.26	21.71	20.17	18.61	17.05	15.52	13.96	12.40	10.86	9.31	7.75	6.21	4.65	3.09	1.56
40	23.80	23.80	23.80	23.80	23.80	22.21	20.63	19.04	17.45	15.87	14.28	12.69	11.11	9.52	7.93	6.35	4.76	3.17	1.59
41	24.49	24.49	24.49	24.49	24.49	22.85	21.23	19.59	17.95	16.33	14.69	13.05	11.43	9.79	8.15	6.54	4.90	3.26	1.64
42	25.16	25.16	25.16	25.16	25.16	23.47	21.81	20.13	18.44	16.78	15.10	13.41	11.75	10.06	8.38	6.72	5.03	3.35	1.69
43	25.86	25.86	25.86	25.86	25.86	24.13	22.42	20.69	18.95	17.25	15.51	13.78	12.08	10.34	8.61	6.90	5.17	3.44	1.73
44	26.54	26.54	26.54	26.54	26.54	24.77	23.01	21.24	19.46	17.70	15.93	14.15	12.40	10.62	8.84	7.09	5.31	3.53	1.78
45	27.23	27.23	27.23	27.23	27.23	25.41	23.61	21.78	19.96	18.16	16.34	14.51	12.72	10.89	9.07	7.27	5.45	3.62	1.82
46	28.09	28.09	28.09	28.09	28.09	26.21	24.35	22.47	20.59	18.74	16.85	14.97	13.12	11.24	9.35	7.50	5.62	3.74	1.88
47	28.89	28.89	28.89	28.89	28.89	26.95	25.05	23.11	21.18	19.27	17.33	15.40	13.49	11.56	9.62	7.71	5.78	3.84	1.94
48	29.76	29.76	29.76	29.76	29.76	27.77	25.80	23.81	21.81	19.85	17.86	15.86	13.90	11.90	9.91	7.95	5.95	3.96	1.99
49	30.66	30.66	30.66	30.66	30.66	28.61	26.58	24.53	22.47	20.45	18.40	16.34	14.32	12.26	10.21	8.19	6.13	4.08	2.05
50	31.58	31.58	31.58	31.58	31.58	29.46	27.38	25.26	23.15	21.06	18.95	16.83	14.75	12.63	10.52	8.43	6.32	4.20	2.12
51	32.70	32.70	32.70	32.70	32.70	30.51	28.35	26.16	23.97	21.81	19.62	17.43	15.27	13.08	10.89	8.73	6.54	4.35	2.19
52	33.80	33.80	33.80	33.80	33.80	31.54	29.30	27.04	24.78	22.54	20.28	18.02	15.78	13.52	11.26	9.02	6.76	4.50	2.26
53	34.96	34.96	34.96	34.96	34.96	32.62	30.31	27.97	25.63	23.32	20.98	18.63	16.33	13.98	11.64	9.33	6.99	4.65	2.34
54	36.19	36.19	36.19	36.19	36.19	33.77	31.38	28.95	26.53	24.14	21.71	19.29	16.90	14.48	12.05	9.66	7.24	4.81	2.42
55	37.39	37.39	37.39	37.39	37.39	34.88	32.42	29.91	27.41	24.94	22.43	19.93	17.46	14.96	12.45	9.98	7.48	4.97	2.51
56	39.99	38.91	37.87	36.79	35.71	33.35	30.95	28.59	26.19	23.84	21.44	19.04	16.68	14.28	11.92	9.52	7.16	4.76	2.40
57	42.59	41.44	40.34	39.19	38.04	35.52	32.97	30.45	27.90	25.39	22.83	20.27	17.76	15.21	12.69	10.14	7.62	5.07	2.56
58	45.20	43.98	42.80	41.58	40.36	37.69	34.98	32.32	29.60	26.94	24.23	21.51	18.85	16.13	13.47	10.76	8.09	5.38	2.71
59	47.80	46.51	45.26	43.97	42.68	39.86	37.00	34.18	31.31	28.49	25.62	22.75	19.93	17.06	14.24	11.38	8.56	5.69	2.87
60	50.40	49.04	47.73	46.37	45.01	42.03	39.01	36.04	33.01	30.04	27.01	23.99	21.02	17.99	15.02	12.00	9.02	6.00	3.02
61	51.94	50.33	48.66	47.00	45.29	42.28	39.26	36.25	33.24	30.17	27.16	24.15	21.14	18.13	15.11	12.10	9.04	6.02	3.01
62	53.47	51.81	50.10	48.39	46.63	43.53	40.42	37.32	34.22	31.07	27.97	24.86	21.76	18.66	15.56	12.46	9.30	6.20	3.10
63	55.01	53.30	51.54	49.78	47.97	44.78	41.59	38.40	35.21	31.96	28.77	25.58	22.39	19.20	16.01	12.82	9.57	6.38	3.19
64	56.54	54.79	52.98	51.17	49.31	46.03	42.75	39.47	36.19	32.85	29.57	26.29	23.01	19.73	16.45	13.17	9.84	6.56	3.28
65	58.08	56.28	54.42	52.56	50.65	47.28	43.91	40.54	37.17	33.74	30.38	27.01	23.64	20.27	16.90	13.53	10.11	6.74	3.37
66	58.00	55.73	53.53	51.33	49.12	45.82	42.57	39.26	36.02	32.71	29.46	26.21	22.91	19.66	16.35	13.11	9.80	6.55	3.25
67	57.91	55.65	53.45	51.25	49.05	45.75	42.51	39.21	35.96	32.66	29.42	26.18	22.88	19.63	16.33	13.09	9.79	6.54	3.24
68	57.83	55.57	53.38	51.18	48.98	45.68	42.45	39.15	35.91	32.61	29.38	26.14	22.84	19.60	16.31	13.07	9.77	6.53	3.24
69	57.74	55.49	53.30	51.10	48.91	45.62	42.38	39.09	35.86	32.57	29.33	26.10	22.81	19.58	16.28	13.05	9.76	6.53	3.23
70	57.66	55.41	53.22	51.03	48.84	45.55	42.32	39.04	35.81	32.52	29.29	26.06	22.78	19.55	16.26	13.03	9.74	6.52	3.23
71	57.57	54.93	52.33	49.74	47.27	44.10	40.94	37.77	34.66	31.49	28.33	25.22	22.05	18.88	15.78	12.61	9.44	6.28	3.17
72	57.49	54.84	52.26	49.67	47.20	44.04	40.87	37.71	34.61	31.45	28.28	25.18	22.02	18.86	15.75	12.59	9.43	6.27	3.16
73	57.40	54.76	52.18	49.60	47.13	43.97	40.81	37.66	34.56	31.40	28.24	25.14	21.98	18.83	15.73	12.57	9.41	6.26	3.16
74	57.32	54.68	52.10	49.52	47.06	43.90	40.75	37.60	34.50	31.35	28.20	25.10	21.95	18.80	15.70	12.55	9.40	6.25	3.15
75	57.23	54.60	52.02	49.45	46.99	43.84	40.69	37.54	34.45	31.30	28.16	25.07	21.92	18.77	15.68	12.53	9.39	6.24	3.15
76	57.16	54.24	51.39	48.64	46.01	42.81	39.78	36.70	33.67	30.58	27.55	24.46	21.43	18.35	15.				

Table 2  
Policy Form: 01-1121-08, Male Non-Tobacco  
Maximum Less Actual Surrender Charge

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
15	0.43	0.37	0.31	0.24	0.17	1.11	2.04	2.98	3.91	4.83	5.76	6.68	7.59	8.51	9.42	10.32	11.22	12.13	13.01
16	0.43	0.37	0.30	0.23	0.16	1.11	2.04	2.99	3.94	4.86	5.80	6.74	7.65	8.58	9.50	10.40	11.31	12.22	13.11
17	0.44	0.37	0.30	0.23	0.15	1.12	2.06	3.01	3.97	4.90	5.86	6.80	7.72	8.65	9.58	10.49	11.41	12.32	13.22
18	0.47	0.39	0.32	0.24	0.15	1.13	2.08	3.05	4.00	4.96	5.90	6.86	7.79	8.73	9.66	10.58	11.51	12.43	13.34
19	0.49	0.42	0.34	0.25	0.17	1.15	2.11	3.08	4.05	5.01	5.97	6.93	7.86	8.81	9.75	10.68	11.62	12.54	13.45
20	0.53	0.45	0.36	0.27	0.18	1.17	2.14	3.12	4.11	5.07	6.03	7.00	7.94	8.90	9.84	10.78	11.71	12.65	13.57
21	0.53	0.45	0.36	0.25	0.16	1.17	2.15	3.14	4.13	5.10	6.08	7.05	8.00	8.96	9.93	10.87	11.81	12.76	13.69
22	0.54	0.45	0.35	0.25	0.15	1.17	2.16	3.16	4.16	5.14	6.13	7.11	8.07	9.04	10.01	10.96	11.92	12.87	13.80
23	0.57	0.48	0.38	0.27	0.16	1.18	2.19	3.19	4.21	5.19	6.19	7.18	8.16	9.13	10.11	11.06	12.03	12.99	13.93
24	0.61	0.50	0.40	0.29	0.17	1.20	2.22	3.24	4.25	5.25	6.26	7.26	8.24	9.23	10.21	11.17	12.15	13.12	14.06
25	0.67	0.56	0.45	0.33	0.21	1.25	2.27	3.30	4.33	5.33	6.34	7.34	8.34	9.34	10.32	11.29	12.27	13.25	14.20
26	0.68	0.57	0.45	0.32	0.19	1.25	2.28	3.32	4.36	5.37	6.39	7.41	8.42	9.43	10.43	11.41	12.40	13.39	14.35
27	0.70	0.57	0.45	0.31	0.17	1.24	2.29	3.34	4.39	5.41	6.45	7.48	8.49	9.51	10.53	11.51	12.52	13.51	14.49
28	0.75	0.62	0.47	0.33	0.18	1.25	2.31	3.38	4.44	5.48	6.52	7.56	8.59	9.62	10.64	11.65	12.66	13.66	14.64
29	0.81	0.67	0.52	0.36	0.20	1.30	2.36	3.44	4.51	5.56	6.61	7.66	8.70	9.73	10.76	11.78	12.80	13.82	14.81
30	0.89	0.74	0.58	0.42	0.25	1.35	2.42	3.51	4.59	5.64	6.72	7.77	8.81	9.86	10.91	11.92	12.96	13.98	14.98
31	0.90	0.73	0.56	0.39	0.21	1.32	2.42	3.52	4.61	5.68	6.77	7.85	8.89	9.96	11.02	12.06	13.10	14.13	15.15
32	0.93	0.76	0.58	0.39	0.20	1.33	2.44	3.55	4.66	5.75	6.85	7.94	9.01	10.08	11.16	12.20	13.26	14.30	15.32
33	1.00	0.81	0.61	0.41	0.21	1.36	2.48	3.60	4.73	5.83	6.95	8.04	9.12	10.22	11.31	12.35	13.42	14.48	15.51
34	1.08	0.89	0.68	0.47	0.25	1.41	2.54	3.68	4.83	5.93	7.06	8.18	9.26	10.37	11.46	12.53	13.60	14.67	15.71
35	1.20	0.99	0.77	0.54	0.30	1.47	2.62	3.78	4.93	6.05	7.18	8.32	9.42	10.53	11.63	12.70	13.79	14.87	15.91
36	1.21	0.98	0.75	0.51	0.25	1.44	2.61	3.79	4.96	6.09	7.25	8.40	9.52	10.64	11.76	12.85	13.94	15.04	16.11
37	1.27	1.03	0.77	0.51	0.25	1.45	2.63	3.84	5.02	6.18	7.36	8.51	9.64	10.78	11.92	13.02	14.13	15.24	16.33
38	1.35	1.10	0.83	0.54	0.26	1.49	2.69	3.90	5.11	6.28	7.46	8.64	9.78	10.94	12.08	13.20	14.33	15.46	16.55
39	1.48	1.19	0.90	0.61	0.30	1.55	2.76	3.99	5.21	6.39	7.59	8.78	9.93	11.10	12.26	13.39	14.54	15.68	16.79
40	1.63	1.33	1.01	0.70	0.38	1.64	2.86	4.10	5.33	6.53	7.74	8.93	10.10	11.28	12.46	13.59	14.75	15.91	17.03
41	1.66	1.34	1.01	0.67	0.32	1.60	2.86	4.11	5.37	6.58	7.81	9.02	10.21	11.42	12.61	13.77	14.95	16.12	17.26
42	1.76	1.42	1.07	0.71	0.33	1.63	2.90	4.18	5.45	6.67	7.92	9.15	10.36	11.58	12.80	13.97	15.17	16.36	17.52
43	1.87	1.51	1.12	0.74	0.34	1.66	2.94	4.24	5.51	6.76	8.03	9.29	10.51	11.74	12.98	14.18	15.39	16.59	17.77
44	2.04	1.64	1.24	0.81	0.38	1.72	3.01	4.32	5.62	6.88	8.16	9.44	10.67	11.93	13.17	14.39	15.61	16.83	18.02
45	2.25	1.82	1.39	0.94	0.48	1.82	3.12	4.45	5.76	7.04	8.34	9.62	10.87	12.14	13.39	14.61	15.86	17.10	18.31
46	2.34	1.88	1.41	0.92	0.42	1.79	3.11	4.47	5.80	7.10	8.42	9.73	11.00	12.28	13.57	14.81	16.09	17.35	18.59
47	2.53	2.04	1.52	1.01	0.47	1.85	3.19	4.56	5.91	7.23	8.56	9.89	11.17	12.47	13.77	15.03	16.33	17.63	18.88
48	2.72	2.19	1.63	1.07	0.49	1.90	3.25	4.64	6.02	7.35	8.70	10.04	11.34	12.66	13.98	15.28	16.59	17.90	19.19
49	2.95	2.37	1.77	1.17	0.54	1.96	3.35	4.75	6.14	7.49	8.86	10.21	11.53	12.87	14.22	15.53	16.87	18.20	19.49
50	3.24	2.62	1.98	1.32	0.65	2.09	3.49	4.90	6.31	7.67	9.04	10.42	11.76	13.12	14.49	15.81	17.18	18.52	19.83
51	3.40	2.73	2.04	1.33	0.62	2.09	3.50	4.94	6.37	7.74	9.15	10.55	11.93	13.32	14.71	16.06	17.45	18.81	20.15
52	3.66	2.93	2.18	1.43	0.66	2.14	3.58	5.04	6.48	7.88	9.31	10.74	12.13	13.55	14.97	16.34	17.73	19.12	20.48
53	3.94	3.14	2.35	1.53	0.71	2.20	3.65	5.13	6.59	8.01	9.48	10.92	12.34	13.79	15.21	16.60	18.02	19.43	20.81
54	4.25	3.39	2.54	1.66	0.76	2.28	3.75	5.23	6.73	8.18	9.65	11.13	12.57	14.02	15.48	16.88	18.31	19.75	21.16
55	4.67	3.76	2.82	1.87	0.90	2.42	3.90	5.42	6.92	8.39	9.89	11.37	12.82	14.29	15.75	17.17	18.62	20.09	21.52
56	3.79	3.88	3.90	3.95	3.99	5.29	6.64	7.94	9.27	10.56	11.87	13.19	14.45	15.73	16.98	18.25	19.51	20.81	22.08
57	3.01	3.08	3.08	3.13	3.15	4.54	5.96	7.34	8.76	10.11	11.51	12.89	14.22	15.59	16.90	18.28	19.63	21.02	22.37
58	2.34	2.40	2.38	2.41	2.42	3.87	5.38	6.83	8.31	9.73	11.19	12.63	14.02	15.47	16.88	18.33	19.76	21.24	22.68
59	1.81	1.83	1.79	1.79	1.79	3.32	4.88	6.38	7.93	9.40	10.92	12.42	13.89	15.41	16.89	18.42	19.92	21.49	23.01
60	1.43	1.42	1.34	1.32	1.29	2.86	4.48	6.02	7.61	9.14	10.69	12.27	13.80	15.38	16.93	18.54	20.11	21.75	23.37
61	2.26	2.38	2.56	2.73	2.94	4.44	5.92	7.39	8.84	10.34	11.78	13.24	14.71	16.20	17.69	19.19	20.78	22.34	23.94
62	3.24	3.30	3.40	3.50	3.64	5.09	6.53	7.95	9.37	10.84	12.27	13.72	15.16	16.63	18.11	19.61	21.21	22.79	24.44
63	4.37	4.35	4.36	4.37	4.40	5.80	7.19	8.56	9.94	11.39	12.80	14.21	15.64	17.08	18.55	20.05	21.67	23.29	24.96
64	1.70	1.70	1.73	1.75	1.80	3.25	4.70	6.15	7.61	9.14	10.63	12.13	13.64	15.18	16.77	18.40	20.13	21.88	23.67
65	0.10	0.08	0.09	0.09	0.11	1.59	3.08	4.58	6.09	7.67	9.19	10.74	12.32	13.94	15.62	17.34	19.18	21.02	22.92
66	0.11	0.48	0.76	1.02	1.28	2.63	3.95	5.34	6.68	8.10	9.47	10.87	12.37	13.87	15.49	17.09	18.83	20.55	22.40
67	0.12	0.40	0.59	0.78	0.97	2.28	3.54	4.87	6.17	7.53	8.86	10.24	11.74	13.24	14.85	16.46	18.19	19.94	21.81
68	0.11	0.30	0.41	0.53	0.67	1.93	3.13	4.40	5.64	6.97	8.28	9.65	11.14	12.64	14.24	15.86	17.61	19.37	21.27
69	0.11	0.21	0.25	0.31	0.39	1.57	2.72	3.93	5.12	6.42	7.72	9.08	10.57	12.06	13.68	15.30	17.06	18.85	20.81
70	0.10	0.12	0.10	0.09	0.10	1.22	2.30	3.46	4.63	5.91	7.20	8.56	10.03	11.52	13.14	14.78	16.58	18.41	20.41
71	0.11	0.45	0.77	1.09	1.31	2.24	3.21	4.23	5.26	6.41	7.63	8.86	10.22	11.65	13.11	14.73	16.45	18.27	20.15
72	0.12	0.39	0.61	0.86	1.01	1.88	2.82	3.81	4.81	5.95	7.17	8.38	9.74	11.19	12.69	14.34	16.11	17.99	19.90
73	0.12	0.31	0.44	0.60	0.69	1.53	2.43	3.40	4.39	5.52	6.72	7.94	9.31	10.78	12.32	14.03	15.85	17.76	19.69
74	0.11	0.21	0.26	0.36	0.39	1.20	2.07	3.03	4.00	5.11	6.30	7.54	8.94	10.45	12.04	13.80	15.65	17.58	19.54
75	0.10	0.10	0.08	0.12	0.12	0.89	1.75	2.68	3.63	4.74	5.93	7.20	8.64	10.21	11.84	13.64	15.51	17.46	19.43
76	0.08	0.28	0.48	0.66	0.80	1.60	2.31	3.15	4.04	5.10	6.21	7.52	8.89	10.45	12.07	13.82	15.60	17.51	19.46
77	0.06	0.20	0.35	0.48	0.60	1.36	2.04	2.88	3.78	4.85	6.00	7.35	8.78	10.39	12.01	13.77	15.58	17.52	19.50
78	0.07	0.14	0.25	0.35	0.41	1.15	1.82	2.66	3.57	4.69	5.89	7.29	8.76	10.37	12.01	13.80	15.63	17.60	19.56
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Table 3  
Policy Form: 01-1121-08, Female Tobacco/Juvenile  
Maximum Less Actual Surrender Charge

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
0	0.28	0.25	0.21	0.18	0.14	0.96	1.78	2.62	3.44	4.25	5.07	5.90	6.71	7.52	8.34	9.14	9.95	10.76	11.56
1	0.27	0.23	0.20	0.16	0.11	0.95	1.78	2.61	3.45	4.26	5.10	5.92	6.74	7.56	8.38	9.19	10.01	10.82	11.62
2	0.28	0.24	0.20	0.16	0.11	0.96	1.78	2.62	3.46	4.29	5.12	5.95	6.78	7.61	8.43	9.24	10.06	10.89	11.70
3	0.29	0.24	0.20	0.16	0.11	0.96	1.79	2.64	3.49	4.32	5.16	6.00	6.82	7.66	8.50	9.31	10.14	10.97	11.78
4	0.31	0.27	0.22	0.18	0.13	0.99	1.83	2.68	3.54	4.37	5.22	6.06	6.89	7.74	8.57	9.40	10.23	11.06	11.88
5	0.34	0.29	0.25	0.20	0.15	1.01	1.86	2.71	3.57	4.41	5.27	6.11	6.96	7.80	8.65	9.48	10.31	11.15	11.97
6	0.34	0.29	0.24	0.19	0.13	1.01	1.86	2.73	3.59	4.45	5.30	6.16	7.00	7.86	8.72	9.55	10.40	11.24	12.07
7	0.35	0.30	0.24	0.19	0.13	1.00	1.87	2.75	3.61	4.48	5.35	6.21	7.07	7.93	8.78	9.63	10.48	11.33	12.17
8	0.36	0.31	0.25	0.20	0.14	1.03	1.89	2.78	3.66	4.53	5.40	6.27	7.14	8.01	8.87	9.72	10.58	11.44	12.28
9	0.38	0.32	0.27	0.20	0.14	1.04	1.92	2.81	3.70	4.57	5.45	6.33	7.20	8.08	8.95	9.80	10.67	11.54	12.39
10	0.41	0.35	0.29	0.22	0.16	1.06	1.95	2.85	3.74	4.63	5.52	6.40	7.28	8.16	9.04	9.91	10.78	11.65	12.51
11	0.41	0.35	0.29	0.22	0.15	1.07	1.97	2.87	3.78	4.67	5.57	6.47	7.35	8.24	9.13	10.01	10.88	11.77	12.63
12	0.42	0.36	0.29	0.22	0.14	1.07	1.97	2.89	3.81	4.71	5.62	6.53	7.41	8.32	9.21	10.10	10.98	11.87	12.75
13	0.44	0.37	0.30	0.22	0.15	1.08	2.00	2.92	3.85	4.76	5.67	6.59	7.49	8.40	9.31	10.19	11.10	11.99	12.87
14	0.47	0.40	0.32	0.24	0.16	1.11	2.03	2.97	3.90	4.82	5.75	6.68	7.58	8.50	9.41	10.31	11.22	12.12	13.00
15	0.50	0.42	0.34	0.26	0.18	1.13	2.06	3.01	3.95	4.88	5.82	6.75	7.66	8.59	9.51	10.42	11.33	12.24	13.13
16	0.51	0.42	0.33	0.25	0.16	1.13	2.07	3.03	3.98	4.93	5.87	6.81	7.74	8.68	9.60	10.52	11.44	12.37	13.27
17	0.52	0.44	0.35	0.26	0.17	1.14	2.10	3.06	4.03	4.98	5.93	6.89	7.82	8.77	9.71	10.64	11.57	12.50	13.41
18	0.54	0.45	0.36	0.26	0.16	1.15	2.11	3.09	4.07	5.03	6.00	6.96	7.91	8.86	9.81	10.74	11.69	12.63	13.55
19	0.58	0.49	0.38	0.28	0.17	1.18	2.15	3.15	4.13	5.09	6.08	7.05	8.01	8.97	9.93	10.87	11.83	12.77	13.70
20	0.62	0.52	0.41	0.31	0.20	1.20	2.19	3.19	4.19	5.16	6.16	7.14	8.10	9.08	10.04	11.00	11.95	12.92	13.85
21	0.63	0.53	0.42	0.30	0.17	1.20	2.21	3.22	4.22	5.22	6.21	7.22	8.18	9.18	10.16	11.12	12.09	13.07	14.01
22	0.65	0.53	0.42	0.29	0.16	1.20	2.22	3.24	4.26	5.27	6.29	7.29	8.28	9.28	10.27	11.24	12.23	13.21	14.16
23	0.68	0.56	0.44	0.31	0.18	1.22	2.25	3.29	4.33	5.34	6.36	7.39	8.38	9.40	10.40	11.38	12.37	13.37	14.32
24	0.73	0.61	0.48	0.34	0.20	1.26	2.30	3.35	4.39	5.42	6.45	7.49	8.50	9.52	10.54	11.52	12.53	13.53	14.50
25	0.80	0.66	0.52	0.38	0.23	1.30	2.35	3.42	4.47	5.51	6.55	7.60	8.62	9.64	10.67	11.67	12.68	13.69	14.67
26	0.81	0.66	0.52	0.37	0.21	1.30	2.36	3.44	4.51	5.56	6.62	7.68	8.71	9.76	10.80	11.81	12.83	13.85	14.84
27	0.84	0.69	0.53	0.36	0.19	1.30	2.38	3.47	4.56	5.63	6.70	7.77	8.82	9.87	10.93	11.96	12.99	14.03	15.04
28	0.89	0.73	0.55	0.38	0.20	1.32	2.42	3.53	4.63	5.71	6.79	7.89	8.94	10.01	11.07	12.11	13.16	14.21	15.23
29	0.96	0.78	0.60	0.42	0.23	1.37	2.47	3.59	4.71	5.80	6.90	8.00	9.07	10.15	11.22	12.27	13.34	14.39	15.42
30	1.05	0.87	0.67	0.47	0.27	1.42	2.55	3.68	4.81	5.91	7.03	8.13	9.21	10.30	11.39	12.45	13.52	14.58	15.63
31	1.06	0.86	0.66	0.46	0.25	1.41	2.54	3.70	4.84	5.97	7.09	8.22	9.31	10.43	11.53	12.60	13.69	14.78	15.85
32	1.10	0.90	0.69	0.47	0.23	1.42	2.58	3.74	4.91	6.05	7.19	8.33	9.44	10.56	11.69	12.77	13.89	15.00	16.07
33	1.17	0.95	0.72	0.48	0.24	1.45	2.62	3.81	4.98	6.13	7.29	8.45	9.58	10.71	11.85	12.96	14.09	15.21	16.30
34	1.26	1.02	0.78	0.54	0.27	1.48	2.67	3.87	5.07	6.23	7.40	8.58	9.71	10.87	12.03	13.15	14.29	15.44	16.55
35	1.38	1.13	0.88	0.61	0.33	1.57	2.76	3.98	5.18	6.35	7.54	8.73	9.89	11.05	12.22	13.36	14.52	15.68	16.82
36	1.42	1.14	0.87	0.58	0.29	1.54	2.76	3.99	5.21	6.41	7.63	8.83	10.01	11.20	12.39	13.55	14.73	15.92	17.07
37	1.48	1.19	0.90	0.58	0.27	1.54	2.78	4.04	5.28	6.50	7.73	8.95	10.15	11.36	12.58	13.76	14.97	16.18	17.35
38	1.59	1.27	0.96	0.63	0.29	1.57	2.83	4.10	5.37	6.60	7.86	9.10	10.32	11.56	12.79	14.00	15.23	16.45	17.65
39	1.73	1.39	1.05	0.70	0.33	1.64	2.91	4.20	5.48	6.73	8.00	9.27	10.51	11.76	13.02	14.25	15.50	16.74	17.96
40	1.91	1.56	1.19	0.82	0.42	1.74	3.03	4.34	5.63	6.91	8.20	9.48	10.73	12.01	13.29	14.53	15.79	17.06	18.30
41	1.96	1.57	1.18	0.77	0.36	1.71	3.02	4.36	5.68	6.98	8.29	9.61	10.89	12.20	13.50	14.78	16.07	17.37	18.63
42	2.10	1.69	1.27	0.83	0.39	1.77	3.10	4.45	5.80	7.13	8.47	9.81	11.11	12.44	13.77	15.07	16.39	17.71	18.99
43	2.25	1.81	1.36	0.90	0.42	1.82	3.18	4.56	5.93	7.28	8.65	10.01	11.35	12.71	14.06	15.38	16.73	18.07	19.38
44	2.39	1.92	1.44	0.94	0.44	1.86	3.25	4.66	6.06	7.43	8.83	10.22	11.58	12.97	14.35	15.70	17.07	18.44	19.77
45	2.63	2.12	1.60	1.08	0.55	1.99	3.40	4.83	6.26	7.65	9.07	10.49	11.87	13.27	14.67	16.04	17.44	18.83	20.19
46	2.72	2.19	1.64	1.08	0.51	1.98	3.43	4.89	6.36	7.78	9.24	10.68	12.10	13.54	14.97	16.38	17.80	19.23	20.61
47	2.90	2.33	1.74	1.15	0.55	2.06	3.52	5.02	6.51	7.97	9.45	10.93	12.37	13.84	15.31	16.74	18.18	19.63	21.05
48	3.08	2.46	1.84	1.21	0.57	2.11	3.61	5.13	6.66	8.14	9.66	11.17	12.64	14.14	15.64	17.09	18.57	20.05	21.49
49	3.28	2.62	1.95	1.28	0.61	2.18	3.71	5.27	6.82	8.35	9.88	11.43	12.92	14.46	15.97	17.45	18.97	20.47	21.95
50	3.55	2.85	2.14	1.44	0.72	2.31	3.87	5.46	7.04	8.58	10.15	11.71	13.24	14.80	16.34	17.84	19.39	20.91	22.41
51	3.71	2.97	2.21	1.46	0.70	2.33	3.92	5.55	7.16	8.73	10.34	11.94	13.50	15.08	16.66	18.20	19.77	21.34	22.87
52	3.93	3.14	2.34	1.54	0.73	2.40	4.02	5.68	7.32	8.92	10.56	12.19	13.78	15.39	17.00	18.57	20.17	21.77	23.34
53	4.20	3.35	2.51	1.65	0.78	2.48	4.13	5.82	7.50	9.13	10.79	12.45	14.06	15.70	17.34	18.94	20.58	22.21	23.82
54	4.46	3.56	2.65	1.74	0.82	2.55	4.23	5.94	7.65	9.31	11.00	12.69	14.32	16.00	17.68	19.30	20.98	22.66	24.31
55	4.83	3.87	2.90	1.93	0.95	2.70	4.40	6.14	7.87	9.55	11.27	12.97	14.63	16.33	18.03	19.69	21.40	23.13	24.82
56	3.96	4.10	4.20	4.34	4.47	5.98	7.53	9.03	10.56	12.03	13.54	15.05	16.52	18.03	19.50	21.02	22.49	24.04	25.54
57	3.17	3.33	3.41	3.55	3.68	5.27	6.90	8.47	10.09	11.65	13.24	14.84	16.39	17.99	19.55	21.17	22.75	24.40	26.00
58	2.48	2.64	2.72	2.84	2.96	4.62	6.33	7.98	9.66	11.30	12.98	14.66	16.29	17.99	19.64	21.36	23.03	24.77	26.48
59	1.90	2.03	2.10	2.20	2.30	4.04	5.81	7.53	9.29	11.00	12.75	14.51	16.23	18.02	19.76	21.56	23.34	25.16	26.96
60	1.42	1.53	1.57	1.66	1.73	3.53	5.37	7.14	8.97	10.74	12.57	14.42	16.21	18.08	19.92	21.81	23.65	25.57	27.45
61	2.85	3.10	3.39	3.66	3.99	5.67	7.35	9.03	10.69	12.43	14.12	15.82	17.54	19.27	21.01	22.77	24.59	26.38	28.18
62	2.77	2.98	3.23	3.47	3.74	5.42	7.08	8.74	10.41	12.13	13.83	15.54	17.27	19.00	20.75	22.51	24.35	26.13	27.96
63	1.89	2.07	2.29	2.50	2.76	4.43	6.10	7.77	9.46	11.22	12.94	14.68	16.42	18.18	19.96	21.74	23.60	25.44	27.35
64	1.00	1.15	1.34	1.53	1.77														

Table 3  
Policy Form: 01-1121-08, Male Tobacco/Juvenile  
Actual Surrender Charge====>

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
0	13.03	13.03	13.03	13.03	13.03	12.16	11.30	10.42	9.55	8.69	7.82	6.94	6.09	5.21	4.34	3.48	2.61	1.73	0.87
1	13.16	13.16	13.16	13.16	13.16	12.28	11.41	10.53	9.64	8.78	7.89	7.01	6.14	5.26	4.38	3.51	2.63	1.75	0.88
2	13.29	13.29	13.29	13.29	13.29	12.40	11.52	10.63	9.74	8.86	7.97	7.08	6.20	5.31	4.42	3.55	2.66	1.77	0.89
3	13.41	13.41	13.41	13.41	13.41	12.52	11.63	10.73	9.83	8.95	8.05	7.15	6.26	5.37	4.47	3.58	2.68	1.78	0.90
4	13.54	13.54	13.54	13.54	13.54	12.63	11.74	10.83	9.93	9.03	8.13	7.22	6.32	5.42	4.51	3.62	2.71	1.80	0.91
5	13.67	13.67	13.67	13.67	13.67	12.75	11.85	10.94	10.02	9.12	8.20	7.29	6.38	5.47	4.55	3.65	2.73	1.82	0.92
6	13.84	13.84	13.84	13.84	13.84	12.91	12.00	11.07	10.14	9.23	8.30	7.37	6.46	5.53	4.61	3.69	2.77	1.84	0.93
7	14.00	14.00	14.00	14.00	14.00	13.06	12.14	11.20	10.26	9.34	8.40	7.46	6.54	5.60	4.66	3.74	2.80	1.86	0.94
8	14.17	14.17	14.17	14.17	14.17	13.22	12.28	11.33	10.39	9.45	8.50	7.55	6.62	5.67	4.72	3.78	2.83	1.88	0.95
9	14.33	14.33	14.33	14.33	14.33	13.37	12.43	11.47	10.51	9.56	8.60	7.64	6.69	5.73	4.77	3.83	2.87	1.91	0.96
10	14.50	14.50	14.50	14.50	14.50	13.53	12.57	11.60	10.63	9.67	8.70	7.73	6.77	5.80	4.83	3.87	2.90	1.93	0.97
11	14.71	14.71	14.71	14.71	14.71	13.72	12.75	11.76	10.78	9.81	8.82	7.84	6.87	5.88	4.90	3.93	2.94	1.96	0.99
12	14.91	14.91	14.91	14.91	14.91	13.91	12.93	11.93	10.93	9.95	8.95	7.95	6.96	5.96	4.97	3.98	2.98	1.98	1.00
13	15.12	15.12	15.12	15.12	15.12	14.11	13.11	12.09	11.08	10.08	9.07	8.06	7.06	6.05	5.03	4.04	3.02	2.01	1.01
14	15.32	15.32	15.32	15.32	15.32	14.30	13.29	12.26	11.23	10.22	9.19	8.17	7.16	6.13	5.10	4.09	3.06	2.04	1.03
15	15.53	15.53	15.53	15.53	15.53	14.49	13.46	12.42	11.38	10.36	9.32	8.28	7.25	6.21	5.17	4.15	3.11	2.07	1.04
16	15.78	15.78	15.78	15.78	15.78	14.72	13.68	12.62	11.57	10.53	9.47	8.41	7.37	6.31	5.25	4.21	3.16	2.10	1.06
17	16.03	16.03	16.03	16.03	16.03	14.96	13.90	12.82	11.75	10.69	9.62	8.54	7.49	6.41	5.34	4.28	3.21	2.13	1.07
18	16.28	16.28	16.28	16.28	16.28	15.19	14.11	13.02	11.93	10.86	9.77	8.68	7.60	6.51	5.42	4.35	3.26	2.17	1.09
19	16.53	16.53	16.53	16.53	16.53	15.42	14.33	13.22	12.12	11.03	9.92	8.81	7.72	6.61	5.50	4.41	3.31	2.20	1.11
20	16.78	16.78	16.78	16.78	16.78	15.66	14.55	13.42	12.30	11.19	10.07	8.94	7.84	6.71	5.59	4.48	3.36	2.23	1.12
21	17.09	17.09	17.09	17.09	17.09	15.94	14.81	13.67	12.52	11.40	10.25	9.11	7.98	6.83	5.69	4.56	3.42	2.27	1.14
22	17.39	17.39	17.39	17.39	17.39	16.23	15.08	13.91	12.75	11.60	10.44	9.27	8.12	6.96	5.79	4.64	3.48	2.31	1.17
23	17.70	17.70	17.70	17.70	17.70	16.51	15.34	14.16	12.97	11.80	10.62	9.43	8.26	7.08	5.89	4.73	3.54	2.35	1.19
24	18.00	18.00	18.00	18.00	18.00	16.80	15.61	14.40	13.20	12.01	10.80	9.60	8.41	7.20	6.00	4.81	3.60	2.39	1.21
25	18.31	18.31	18.31	18.31	18.31	17.08	15.87	14.65	13.42	12.21	10.99	9.76	8.55	7.32	6.10	4.89	3.66	2.44	1.23
26	18.69	18.69	18.69	18.69	18.69	17.44	16.21	14.95	13.70	12.47	11.22	9.96	8.73	7.48	6.22	4.99	3.74	2.49	1.25
27	19.07	19.07	19.07	19.07	19.07	17.80	16.54	15.26	13.98	12.72	11.44	10.17	8.91	7.63	6.35	5.09	3.81	2.54	1.28
28	19.46	19.46	19.46	19.46	19.46	18.15	16.87	15.56	14.26	12.98	11.67	10.37	9.09	7.78	6.48	5.19	3.89	2.59	1.30
29	19.84	19.84	19.84	19.84	19.84	18.51	17.20	15.87	14.54	13.23	11.90	10.57	9.26	7.94	6.61	5.30	3.97	2.64	1.33
30	20.22	20.22	20.22	20.22	20.22	18.87	17.53	16.18	14.82	13.49	12.13	10.78	9.44	8.09	6.73	5.40	4.04	2.69	1.35
31	20.70	20.70	20.70	20.70	20.70	19.31	17.95	16.56	15.17	13.81	12.42	11.03	9.67	8.28	6.89	5.53	4.14	2.75	1.39
32	21.18	21.18	21.18	21.18	21.18	19.76	18.37	16.95	15.53	14.13	12.71	11.29	9.89	8.47	7.05	5.66	4.24	2.82	1.42
33	21.67	21.67	21.67	21.67	21.67	20.21	18.78	17.33	15.88	14.45	13.00	11.55	10.12	8.67	7.21	5.78	4.33	2.88	1.45
34	22.15	22.15	22.15	22.15	22.15	20.66	19.20	17.72	16.23	14.77	13.29	11.80	10.34	8.86	7.38	5.91	4.43	2.95	1.48
35	22.63	22.63	22.63	22.63	22.63	21.11	19.62	18.10	16.59	15.09	13.58	12.06	10.57	9.05	7.54	6.04	4.53	3.01	1.52
36	23.23	23.23	23.23	23.23	23.23	21.67	20.14	18.58	17.03	15.49	13.94	12.38	10.85	9.29	7.73	6.20	4.65	3.09	1.56
37	23.83	23.83	23.83	23.83	23.83	22.23	20.66	19.06	17.46	15.89	14.30	12.70	11.13	9.53	7.93	6.36	4.77	3.17	1.60
38	24.42	24.42	24.42	24.42	24.42	22.79	21.18	19.54	17.90	16.29	14.65	13.02	11.41	9.77	8.13	6.52	4.88	3.25	1.64
39	25.02	25.02	25.02	25.02	25.02	23.35	21.69	20.02	18.34	16.69	15.01	13.34	11.69	10.01	8.33	6.68	5.00	3.33	1.68
40	25.62	25.62	25.62	25.62	25.62	23.90	22.21	20.50	18.78	17.09	15.37	13.66	11.96	10.25	8.53	6.84	5.12	3.41	1.72
41	26.40	26.40	26.40	26.40	26.40	24.63	22.89	21.12	19.35	17.61	15.84	14.07	12.33	10.56	8.79	7.05	5.28	3.51	1.77
42	27.13	27.13	27.13	27.13	27.13	25.31	23.52	21.70	19.89	18.10	16.28	14.46	12.67	10.85	9.03	7.24	5.43	3.61	1.82
43	27.90	27.90	27.90	27.90	27.90	26.03	24.19	22.32	20.45	18.61	16.74	14.87	13.03	11.16	9.29	7.45	5.58	3.71	1.87
44	28.73	28.73	28.73	28.73	28.73	26.81	24.91	22.98	21.06	19.16	17.24	15.31	13.42	11.49	9.57	7.67	5.75	3.82	1.92
45	29.52	29.52	29.52	29.52	29.52	27.54	25.59	23.62	21.64	19.69	17.71	15.73	13.79	11.81	9.83	7.88	5.90	3.93	1.98
46	30.51	30.51	30.51	30.51	30.51	28.47	26.45	24.41	22.36	20.35	18.31	16.26	14.25	12.20	10.16	8.15	6.10	4.06	2.04
47	31.48	31.48	31.48	31.48	31.48	29.37	27.29	25.18	23.07	21.00	18.89	16.78	14.70	12.59	10.48	8.41	6.30	4.19	2.11
48	32.50	32.50	32.50	32.50	32.50	30.32	28.18	26.00	23.82	21.68	19.50	17.32	15.18	13.00	10.82	8.68	6.50	4.32	2.18
49	33.56	33.56	33.56	33.56	33.56	31.31	29.10	26.85	24.60	22.38	20.14	17.89	15.67	13.42	11.18	8.96	6.71	4.46	2.25
50	34.61	34.61	34.61	34.61	34.61	32.29	30.01	27.69	25.37	23.08	20.77	18.45	16.16	13.84	11.53	9.24	6.92	4.60	2.32
51	35.83	35.83	35.83	35.83	35.83	33.43	31.06	28.66	26.26	23.90	21.50	19.10	16.73	14.33	11.93	9.57	7.17	4.77	2.40
52	37.06	37.06	37.06	37.06	37.06	34.58	32.13	29.65	27.16	24.72	22.24	19.75	17.31	14.82	12.34	9.90	7.41	4.93	2.48
53	38.31	38.31	38.31	38.31	38.31	35.74	33.21	30.65	28.08	25.55	22.99	20.42	17.89	15.32	12.76	10.23	7.66	5.10	2.57
54	39.64	39.64	39.64	39.64	39.64	36.98	34.37	31.71	29.06	26.44	23.78	21.13	18.51	15.86	13.20	10.58	7.93	5.27	2.66
55	40.94	40.94	40.94	40.94	40.94	38.20	35.49	32.75	30.01	27.31	24.56	21.82	19.12	16.38	13.63	10.93	8.19	5.45	2.74
56	43.56	42.38	41.25	40.07	38.90	36.33	33.71	31.14	28.53	25.96	23.35	20.73	18.16	15.55	12.98	10.37	7.80	5.18	2.61
57	46.18	44.93	43.73	42.48	41.24	38.51	35.74	33.02	30.25	27.52	24.75	21.98	19.26	16.48	13.76	10.99	8.27	5.49	2.77
58	48.79	47.48	46.21	44.89	43.57	40.69	37.77	34.89	31.96	29.08	26.15	23.23	20.35	17.42	14.54	11.61	8.73	5.81	2.93
59	51.41	50.02	48.69	47.30	45.91	42.88	39.79	36.76	33.67	30.64	27.56	24.47	21.44	18.35	15.32	12.24	9.20	6.12	3.08
60	54.03	52.57	51.17	49.71	48.25	45.06	41.82	38.63	35.39	32.20	28.96	25.72	22.53	19.29	16.10	12.86	9.67	6.43	3.24
61	54.87	53.17	51.41	49.66	47.84	44.66	41.48	38.30	35.12	31.88	28.70	25.51	22.33	19.15	15.97	12.78	9.55	6.36	3.18
62	55.71	53.98	52.20	50.41	48.58														

Initial		ExcessFUnused		Table 3																		
Maximur Unit		Maximur Policy Form: 01-1121-08, Female Tobacco/Juvenile																				
Age	EA	Charge IEA	Maximum Surrender Charge=====																			
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
0	13.31		13.31	13.31	13.28	13.24	13.21	13.17	13.12	13.08	13.04	12.99	12.94	12.89	12.84	12.79	12.73	12.68	12.62	12.56	12.49	12.43
1	13.43		13.43	13.43	13.39	13.36	13.32	13.27	13.23	13.19	13.14	13.09	13.04	12.99	12.93	12.88	12.82	12.76	12.70	12.64	12.57	12.50
2	13.56		13.56	13.56	13.52	13.48	13.44	13.39	13.35	13.30	13.25	13.20	13.15	13.09	13.03	12.98	12.92	12.85	12.79	12.72	12.66	12.59
3	13.71		13.71	13.71	13.65	13.61	13.57	13.52	13.47	13.42	13.37	13.32	13.26	13.20	13.15	13.08	13.02	12.96	12.89	12.82	12.75	12.68
4	13.85		13.85	13.85	13.81	13.76	13.72	13.67	13.62	13.57	13.51	13.46	13.40	13.34	13.28	13.21	13.15	13.08	13.01	12.94	12.86	12.79
5	14.01		14.01	14.01	13.96	13.92	13.87	13.82	13.76	13.71	13.65	13.59	13.53	13.47	13.40	13.34	13.27	13.20	13.13	13.05	12.97	12.89
6	14.18		14.18	14.18	14.13	14.08	14.03	13.97	13.92	13.86	13.80	13.74	13.68	13.60	13.53	13.46	13.39	13.32	13.24	13.16	13.08	12.99
7	14.35		14.35	14.35	14.30	14.24	14.19	14.13	14.07	14.01	13.95	13.88	13.82	13.75	13.68	13.61	13.53	13.45	13.37	13.28	13.19	13.10
8	14.53		14.53	14.53	14.48	14.42	14.37	14.31	14.25	14.18	14.12	14.05	13.98	13.91	13.83	13.76	13.67	13.58	13.50	13.41	13.32	13.23
9	14.72		14.72	14.72	14.66	14.61	14.54	14.48	14.42	14.34	14.27	14.20	14.13	14.05	13.97	13.89	13.81	13.72	13.63	13.54	13.45	13.35
10	14.91		14.91	14.91	14.85	14.79	14.72	14.66	14.59	14.52	14.45	14.37	14.30	14.22	14.13	14.05	13.96	13.87	13.78	13.68	13.58	13.48
11	15.12		15.12	15.12	15.06	15.00	14.93	14.86	14.79	14.72	14.64	14.56	14.48	14.40	14.30	14.21	14.12	14.02	13.93	13.82	13.72	13.61
12	15.33		15.33	15.33	15.27	15.20	15.13	15.05	14.98	14.90	14.82	14.74	14.66	14.57	14.48	14.38	14.29	14.18	14.08	13.97	13.86	13.75
13	15.56		15.56	15.56	15.49	15.42	15.34	15.27	15.19	15.10	15.01	14.93	14.84	14.74	14.65	14.55	14.45	14.34	14.23	14.12	14.00	13.88
14	15.79		15.79	15.79	15.72	15.65	15.57	15.49	15.41	15.32	15.23	15.14	15.05	14.94	14.84	14.73	14.63	14.51	14.40	14.28	14.16	14.03
15	16.03		16.03	16.03	15.95	15.87	15.79	15.71	15.62	15.53	15.44	15.34	15.24	15.14	15.03	14.92	14.81	14.68	14.56	14.43	14.30	14.17
16	16.29		16.29	16.29	16.20	16.11	16.03	15.94	15.85	15.75	15.65	15.55	15.45	15.34	15.22	15.11	14.99	14.86	14.74	14.60	14.47	14.32
17	16.55		16.55	16.55	16.47	16.38	16.29	16.20	16.09	15.99	15.88	15.78	15.67	15.55	15.43	15.31	15.18	15.05	14.92	14.78	14.64	14.49
18	16.82		16.82	16.82	16.73	16.64	16.54	16.44	16.34	16.23	16.12	16.01	15.89	15.77	15.63	15.51	15.37	15.23	15.09	14.95	14.80	14.64
19	17.11		17.11	17.11	17.02	16.91	16.81	16.70	16.60	16.48	16.37	16.25	16.12	16.00	15.86	15.73	15.59	15.44	15.28	15.13	14.97	14.81
20	17.40		17.40	17.40	17.30	17.19	17.09	16.98	16.86	16.74	16.62	16.49	16.36	16.23	16.09	15.93	15.79	15.63	15.48	15.31	15.15	14.98
21	17.71		17.71	17.71	17.61	17.50	17.38	17.26	17.14	17.02	16.89	16.75	16.62	16.47	16.32	16.16	16.01	15.85	15.68	15.51	15.34	15.16
22	18.04		18.04	18.04	17.92	17.81	17.69	17.56	17.42	17.29	17.15	17.01	16.87	16.72	16.56	16.40	16.24	16.07	15.88	15.70	15.52	15.32
23	18.38		18.38	18.38	18.26	18.14	18.01	17.88	17.73	17.59	17.45	17.30	17.14	16.98	16.82	16.65	16.48	16.29	16.10	15.91	15.72	15.51
24	18.74		18.74	18.74	18.62	18.48	18.34	18.20	18.06	17.91	17.75	17.59	17.43	17.26	17.08	16.90	16.72	16.53	16.33	16.13	15.93	15.70
25	19.11		19.11	19.11	18.97	18.83	18.69	18.54	18.39	18.22	18.06	17.89	17.72	17.54	17.36	17.17	16.97	16.76	16.56	16.34	16.12	15.90
26	19.50		19.50	19.50	19.35	19.21	19.06	18.90	18.74	18.57	18.39	18.21	18.03	17.84	17.64	17.44	17.24	17.02	16.80	16.57	16.34	16.10
27	19.91		19.91	19.91	19.76	19.60	19.44	19.27	19.10	18.91	18.73	18.54	18.35	18.15	17.94	17.73	17.50	17.28	17.05	16.81	16.57	16.31
28	20.34		20.34	20.34	20.18	20.01	19.84	19.66	19.48	19.28	19.09	18.89	18.69	18.47	18.26	18.02	17.79	17.55	17.31	17.06	16.79	16.53
29	20.79		20.79	20.79	20.62	20.44	20.26	20.07	19.88	19.67	19.46	19.25	19.03	18.81	18.57	18.33	18.08	17.83	17.57	17.30	17.03	16.75
30	21.27		21.27	21.27	21.09	20.89	20.69	20.49	20.29	20.08	19.85	19.63	19.40	19.16	18.91	18.65	18.39	18.12	17.85	17.56	17.27	16.99
31	21.76		21.76	21.76	21.56	21.36	21.16	20.95	20.73	20.49	20.26	20.02	19.78	19.51	19.25	18.98	18.71	18.42	18.13	17.83	17.54	17.23
32	22.29		22.29	22.29	22.08	21.87	21.65	21.42	21.19	20.94	20.69	20.44	20.18	19.90	19.62	19.34	19.03	18.74	18.43	18.13	17.81	17.49
33	22.83		22.83	22.83	22.61	22.39	22.15	21.91	21.66	21.40	21.14	20.87	20.58	20.29	20.00	19.69	19.38	19.07	18.74	18.42	18.09	17.75
34	23.41		23.41	23.41	23.17	22.93	22.68	22.42	22.15	21.88	21.59	21.30	21.01	20.69	20.38	20.06	19.73	19.40	19.07	18.72	18.38	18.04
35	24.01		24.01	24.01	23.76	23.51	23.24	22.96	22.68	22.38	22.08	21.77	21.45	21.12	20.79	20.46	20.10	19.76	19.40	19.05	18.69	18.33
36	24.65		24.65	24.65	24.37	24.10	23.81	23.51	23.21	22.90	22.57	22.24	21.91	21.56	21.21	20.85	20.49	20.13	19.75	19.38	19.01	18.63
37	25.31		25.31	25.31	25.02	24.72	24.41	24.10	23.77	23.44	23.10	22.74	22.39	22.02	21.65	21.28	20.89	20.52	20.12	19.74	19.34	18.95
38	26.01		26.01	26.01	25.70	25.38	25.05	24.72	24.36	24.01	23.64	23.27	22.89	22.51	22.12	21.72	21.33	20.92	20.52	20.11	19.70	19.28
39	26.75		26.75	26.75	26.42	26.07	25.72	25.35	24.99	24.60	24.22	23.83	23.42	23.02	22.61	22.20	21.77	21.36	20.93	20.51	20.07	19.63
40	27.53		27.53	27.53	27.18	26.81	26.44	26.04	25.65	25.24	24.84	24.41	24.00	23.57	23.13	22.70	22.25	21.82	21.37	20.92	20.47	20.02
41	28.36		28.36	28.36	27.97	27.58	27.17	26.76	26.34	25.91	25.48	25.03	24.59	24.13	23.68	23.22	22.76	22.30	21.83	21.35	20.	

Initial		ExcessFUnused Table 4																				
Age	Maximur Unit	Maximur Policy Form: 01-1121-08, Female Non-Tobacco																				
	EA	Charge	IEA	Maximum Surrender Charge=====																		
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
15	14.68		14.68	14.68	14.63	14.57	14.52	14.46	14.40	14.33	14.26	14.20	14.12	14.05	13.97	13.89	13.81	13.72	13.64	13.54	13.45	13.35
16	14.87		14.87	14.87	14.81	14.76	14.70	14.63	14.57	14.50	14.43	14.36	14.28	14.20	14.12	14.04	13.95	13.86	13.77	13.67	13.57	13.47
17	15.07		15.07	15.07	15.01	14.94	14.87	14.81	14.74	14.67	14.59	14.52	14.44	14.35	14.27	14.18	14.09	13.99	13.89	13.79	13.69	13.58
18	15.27		15.27	15.27	15.21	15.15	15.08	15.01	14.94	14.86	14.78	14.70	14.62	14.52	14.43	14.34	14.24	14.14	14.04	13.93	13.82	13.71
19	15.48		15.48	15.48	15.42	15.35	15.28	15.20	15.12	15.04	14.96	14.88	14.79	14.70	14.60	14.50	14.40	14.29	14.18	14.07	13.95	13.83
20	15.70		15.70	15.70	15.63	15.56	15.48	15.40	15.32	15.24	15.15	15.06	14.97	14.87	14.77	14.67	14.56	14.45	14.33	14.21	14.08	13.96
21	15.93		15.93	15.93	15.86	15.78	15.70	15.62	15.53	15.45	15.35	15.26	15.16	15.06	14.95	14.84	14.73	14.62	14.50	14.37	14.23	14.10
22	16.18		16.18	16.18	16.10	16.02	15.93	15.84	15.75	15.65	15.56	15.46	15.35	15.25	15.13	15.02	14.90	14.78	14.65	14.52	14.39	14.25
23	16.43		16.43	16.43	16.34	16.26	16.17	16.07	15.98	15.88	15.78	15.67	15.56	15.44	15.32	15.20	15.08	14.95	14.81	14.68	14.53	14.38
24	16.70		16.70	16.70	16.61	16.52	16.43	16.32	16.22	16.11	16.01	15.89	15.78	15.66	15.53	15.41	15.28	15.14	15.00	14.85	14.70	14.54
25	16.98		16.98	16.98	16.88	16.79	16.68	16.57	16.47	16.36	16.24	16.12	16.00	15.87	15.74	15.61	15.47	15.33	15.18	15.02	14.85	14.69
26	17.27		17.27	17.27	17.17	17.07	16.96	16.85	16.74	16.62	16.49	16.37	16.24	16.11	15.97	15.83	15.68	15.53	15.37	15.21	15.04	14.86
27	17.58		17.58	17.58	17.47	17.36	17.25	17.13	17.01	16.89	16.76	16.63	16.49	16.35	16.21	16.06	15.89	15.73	15.56	15.39	15.21	15.03
28	17.90		17.90	17.90	17.79	17.66	17.54	17.42	17.29	17.16	17.03	16.89	16.74	16.59	16.44	16.28	16.11	15.93	15.76	15.58	15.39	15.20
29	18.23		18.23	18.23	18.11	17.99	17.87	17.74	17.60	17.46	17.32	17.17	17.01	16.85	16.69	16.52	16.34	16.16	15.98	15.79	15.59	15.38
30	18.59		18.59	18.59	18.46	18.33	18.20	18.06	17.92	17.77	17.62	17.46	17.30	17.12	16.95	16.77	16.58	16.39	16.20	16.00	15.79	15.57
31	18.96		18.96	18.96	18.81	18.68	18.54	18.39	18.24	18.08	17.92	17.76	17.58	17.39	17.21	17.02	16.83	16.62	16.42	16.21	15.98	15.76
32	19.34		19.34	19.34	19.20	19.05	18.90	18.75	18.59	18.42	18.25	18.06	17.88	17.69	17.50	17.30	17.09	16.88	16.65	16.42	16.20	15.96
33	19.75		19.75	19.75	19.60	19.45	19.29	19.12	18.94	18.77	18.58	18.40	18.20	18.00	17.79	17.57	17.35	17.13	16.90	16.66	16.42	16.17
34	20.18		20.18	20.18	20.02	19.85	19.68	19.50	19.32	19.14	18.94	18.74	18.52	18.31	18.09	17.87	17.64	17.39	17.15	16.90	16.65	16.39
35	20.62		20.62	20.62	20.45	20.28	20.10	19.91	19.72	19.52	19.30	19.09	18.87	18.64	18.41	18.17	17.92	17.67	17.42	17.16	16.88	16.61
36	21.09		21.09	21.09	20.91	20.72	20.53	20.33	20.13	19.90	19.69	19.46	19.23	18.99	18.73	18.48	18.23	17.96	17.69	17.41	17.13	16.85
37	21.59		21.59	21.59	21.39	21.19	20.98	20.77	20.55	20.32	20.08	19.84	19.60	19.34	19.07	18.81	18.54	18.26	17.97	17.68	17.39	17.09
38	22.10		22.10	22.10	21.89	21.68	21.46	21.23	20.99	20.75	20.50	20.25	19.98	19.71	19.43	19.15	18.86	18.57	18.27	17.97	17.65	17.34
39	22.65		22.65	22.65	22.43	22.20	21.96	21.72	21.47	21.21	20.94	20.67	20.40	20.10	19.81	19.52	19.21	18.90	18.59	18.26	17.94	17.61
40	23.22		23.22	23.22	22.98	22.74	22.49	22.22	21.96	21.69	21.41	21.11	20.82	20.52	20.20	19.89	19.57	19.24	18.91	18.57	18.22	17.87
41	23.83		23.83	23.83	23.58	23.31	23.04	22.77	22.48	22.19	21.89	21.58	21.27	20.95	20.62	20.29	19.95	19.60	19.25	18.90	18.53	18.17
42	24.47		24.47	24.47	24.20	23.92	23.63	23.33	23.03	22.72	22.40	22.08	21.75	21.40	21.06	20.71	20.35	19.99	19.61	19.24	18.85	18.46
43	25.14		25.14	25.14	24.85	24.54	24.24	23.93	23.60	23.27	22.94	22.58	22.24	21.87	21.51	21.14	20.76	20.38	19.98	19.58	19.17	18.76
44	25.85		25.85	25.85	25.54	25.21	24.89	24.56	24.21	23.86	23.49	23.13	22.76	22.37	21.99	21.59	21.20	20.78	20.37	19.95	19.52	19.08
45	26.60		26.60	26.60	26.28	25.93	25.58	25.22	24.86	24.48	24.10	23.71	23.31	22.91	22.50	22.08	21.66	21.22	20.79	20.34	19.88	19.42
46	27.39		27.39	27.39	27.03	26.67	26.29	25.91	25.52	25.13	24.72	24.31	23.88	23.46	23.02	22.57	22.13	21.67	21.21	20.73	20.24	19.76
47	28.22		28.22	28.22	27.83	27.45	27.04	26.64	26.22	25.80	25.37	24.92	24.48	24.03	23.57	23.10	22.61	22.13	21.64	21.13	20.62	20.10
48	29.09		29.09	29.09	28.69	28.27	27.84	27.41	26.96	26.52	26.06	25.59	25.12	24.63	24.14	23.64	23.13	22.61	22.08	21.55	21.01	20.45
49	30.01		30.01	30.01	29.57	29.14	28.68	28.21	27.75	27.26	26.77	26.28	25.77	25.26	24.74	24.21	23.66	23.11	22.55	21.98	21.41	20.82
50	30.98		30.98	30.98	30.52	30.04	29.56	29.06	28.56	28.04	27.53	27.00	26.46	25.91	25.35	24.78	24.21	23.62	23.03	22.42	21.81	21.18
51	32.00		32.00	32.00	31.50	30.99	30.47	29.95	29.41	28.87	28.31	27.74	27.17	26.58	25.99	25.38	24.76	24.15	23.51	22.87	22.22	21.56
52	33.07		33.07	33.07	32.53	31.99	31.43	30.87	30.30	29.72	29.13	28.53	27.91	27.29	26.65	26.01	25.35	24.67	24.00	23.32	22.63	21.93
53	34.20		34.20	34.20	33.63	33.05	32.46	31.85	31.24	30.62	29.99	29.34	28.67	28.01	27.33	26.64	25.94	25.23	24.52	23.78	23.05	22.32
54	35.38		35.38	34.77	34.15	33.52	32.87	32.22	31.55	30.86	30.18	29.47	28.76	28.04	27.29	26.55	25.80	25.04	24.26	23.49	22.71	
55	36.63		36.63	35.98	35.31	34.63	33.94	33.23	32.52	31.80	31.05	30.30	29.54	28.75	27.97	27.18	26.37	25.56	24.74	23.92	23.09	
56	37.95		37.95	37.24	36.52	35.80	35.06	34.30	33.53	32.75	31.96	31.14	30.33	29.50	28.66	27.81	26.96	26.09	25.23	24.36	23.49	
57	39.33		39.33	38.57	37.81	37.02	36.23	35.41	34.59	33.75	32.89	32.04	31.16	30.28	29.38	28.47	27.55	26.65	25.73	24.80	23.89	
58	40.80		40.80	39.98	39.15	38.31	37.45	36.58	35.70	34.79	33.88	32										

Table 4

Policy Form: 01-1121-08, Male Tobacco/Juvenile

Actual Surrender Charge====&gt;

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
15	14.31	14.31	14.31	14.31	14.31	13.35	12.41	11.45	10.49	9.54	8.59	7.63	6.68	5.72	4.77	3.82	2.86	1.90	0.96
16	14.50	14.50	14.50	14.50	14.50	13.52	12.57	11.60	10.63	9.67	8.70	7.73	6.77	5.80	4.83	3.87	2.90	1.93	0.97
17	14.68	14.68	14.68	14.68	14.68	13.70	12.73	11.75	10.76	9.79	8.81	7.83	6.86	5.87	4.89	3.92	2.94	1.95	0.98
18	14.87	14.87	14.87	14.87	14.87	13.87	12.89	11.89	10.90	9.92	8.92	7.92	6.94	5.95	4.95	3.97	2.97	1.98	1.00
19	15.05	15.05	15.05	15.05	15.05	14.05	13.05	12.04	11.03	10.04	9.03	8.02	7.03	6.02	5.01	4.02	3.01	2.00	1.01
20	15.24	15.24	15.24	15.24	15.24	14.22	13.21	12.19	11.17	10.17	9.14	8.12	7.12	6.10	5.07	4.07	3.05	2.03	1.02
21	15.49	15.49	15.49	15.49	15.49	14.45	13.43	12.39	11.35	10.33	9.29	8.25	7.23	6.19	5.16	4.13	3.10	2.06	1.04
22	15.75	15.75	15.75	15.75	15.75	14.69	13.66	12.60	11.54	10.51	9.45	8.39	7.36	6.30	5.24	4.21	3.15	2.09	1.06
23	15.97	15.97	15.97	15.97	15.97	14.90	13.85	12.78	11.71	10.65	9.58	8.51	7.46	6.39	5.32	4.26	3.19	2.12	1.07
24	16.22	16.22	16.22	16.22	16.22	15.13	14.06	12.98	11.89	10.82	9.73	8.65	7.57	6.49	5.40	4.33	3.24	2.16	1.09
25	16.47	16.47	16.47	16.47	16.47	15.37	14.28	13.18	12.07	10.99	9.88	8.78	7.69	6.59	5.48	4.40	3.29	2.19	1.10
26	16.58	16.58	16.58	16.58	16.58	15.47	14.37	13.26	12.15	11.06	9.95	8.84	7.74	6.63	5.52	4.43	3.32	2.21	1.11
27	16.89	16.89	16.89	16.89	16.89	15.76	14.64	13.51	12.38	11.27	10.13	9.00	7.89	6.76	5.62	4.51	3.38	2.25	1.13
28	17.23	17.23	17.23	17.23	17.23	16.08	14.94	13.78	12.63	11.49	10.34	9.18	8.05	6.89	5.74	4.60	3.45	2.29	1.15
29	17.57	17.57	17.57	17.57	17.57	16.40	15.24	14.06	12.88	11.72	10.54	9.37	8.21	7.03	5.85	4.69	3.51	2.34	1.18
30	17.85	17.85	17.85	17.85	17.85	16.65	15.48	14.28	13.08	11.91	10.71	9.51	8.34	7.14	5.94	4.77	3.57	2.37	1.20
31	18.21	18.21	18.21	18.21	18.21	16.99	15.79	14.57	13.35	12.15	10.93	9.71	8.51	7.28	6.06	4.86	3.64	2.42	1.22
32	18.57	18.57	18.57	18.57	18.57	17.33	16.10	14.86	13.61	12.39	11.14	9.90	8.67	7.43	6.19	4.96	3.71	2.47	1.24
33	18.94	18.94	18.94	18.94	18.94	17.67	16.42	15.15	13.88	12.63	11.36	10.09	8.84	7.57	6.31	5.06	3.79	2.52	1.27
34	19.30	19.30	19.30	19.30	19.30	18.01	16.73	15.44	14.15	12.87	11.58	10.29	9.01	7.72	6.43	5.15	3.86	2.57	1.29
35	19.66	19.66	19.66	19.66	19.66	18.34	17.05	15.73	14.41	13.11	11.80	10.48	9.18	7.86	6.55	5.25	3.93	2.61	1.32
36	20.11	20.11	20.11	20.11	20.11	18.77	17.44	16.09	14.74	13.42	12.07	10.72	9.39	8.05	6.70	5.37	4.02	2.68	1.35
37	20.57	20.57	20.57	20.57	20.57	19.19	17.83	16.45	15.08	13.72	12.34	10.96	9.61	8.23	6.85	5.49	4.11	2.74	1.38
38	21.02	21.02	21.02	21.02	21.02	19.61	18.23	16.82	15.41	14.02	12.61	11.20	9.82	8.41	7.00	5.61	4.20	2.80	1.41
39	21.48	21.48	21.48	21.48	21.48	20.04	18.62	17.18	15.74	14.32	12.89	11.45	10.03	8.59	7.15	5.73	4.30	2.86	1.44
40	21.93	21.93	21.93	21.93	21.93	20.46	19.01	17.54	16.07	14.63	13.16	11.69	10.24	8.77	7.30	5.86	4.39	2.92	1.47
41	22.51	22.51	22.51	22.51	22.51	21.00	19.52	18.01	16.50	15.01	13.51	12.00	10.51	9.00	7.50	6.01	4.50	2.99	1.51
42	23.02	23.02	23.02	23.02	23.02	21.48	19.96	18.42	16.87	15.35	13.81	12.27	10.75	9.21	7.67	6.15	4.60	3.06	1.54
43	23.65	23.65	23.65	23.65	23.65	22.07	20.50	18.92	17.34	15.77	14.19	12.61	11.04	9.46	7.88	6.31	4.73	3.15	1.58
44	24.25	24.25	24.25	24.25	24.25	22.63	21.02	19.40	17.78	16.17	14.55	12.93	11.32	9.70	8.08	6.47	4.85	3.23	1.62
45	24.83	24.83	24.83	24.83	24.83	23.17	21.53	19.86	18.20	16.56	14.90	13.23	11.60	9.93	8.27	6.63	4.97	3.30	1.66
46	25.56	25.56	25.56	25.56	25.56	23.85	22.16	20.45	18.74	17.05	15.34	13.62	11.94	10.22	8.51	6.82	5.11	3.40	1.71
47	26.27	26.27	26.27	26.27	26.27	24.51	22.78	21.02	19.26	17.52	15.76	14.00	12.27	10.51	8.75	7.01	5.25	3.49	1.76
48	27.02	27.02	27.02	27.02	27.02	25.21	23.43	21.62	19.81	18.02	16.21	14.40	12.62	10.81	9.00	7.21	5.40	3.59	1.81
49	27.80	27.80	27.80	27.80	27.80	25.94	24.10	22.24	20.38	18.54	16.68	14.82	12.98	11.12	9.26	7.42	5.56	3.70	1.86
50	28.57	28.57	28.57	28.57	28.57	26.66	24.77	22.86	20.94	19.06	17.14	15.23	13.34	11.43	9.51	7.63	5.71	3.80	1.91
51	29.47	29.47	29.47	29.47	29.47	27.50	25.55	23.58	21.60	19.66	17.68	15.71	13.76	11.79	9.81	7.87	5.89	3.92	1.97
52	30.37	30.37	30.37	30.37	30.37	28.34	26.33	24.30	22.26	20.26	18.22	16.19	14.18	12.15	10.11	8.11	6.07	4.04	2.03
53	31.31	31.31	31.31	31.31	31.31	29.21	27.15	25.05	22.95	20.88	18.79	16.69	14.62	12.52	10.43	8.36	6.26	4.16	2.10
54	32.30	32.30	32.30	32.30	32.30	30.14	28.00	25.84	23.68	21.54	19.38	17.22	15.08	12.92	10.76	8.62	6.46	4.30	2.16
55	33.30	33.30	33.30	33.30	33.30	31.07	28.87	26.64	24.41	22.21	19.98	17.75	15.55	13.32	11.09	8.89	6.66	4.43	2.23
56	35.23	34.28	33.36	32.41	31.46	29.38	27.27	25.19	23.08	21.00	18.88	16.77	14.69	12.58	10.50	8.38	6.31	4.19	2.11
57	37.16	36.16	35.19	34.19	33.18	30.99	28.76	26.57	24.34	22.15	19.92	17.69	15.50	13.27	11.07	8.84	6.65	4.42	2.23
58	39.09	38.03	37.02	35.96	34.91	32.60	30.26	27.95	25.60	23.30	20.95	18.61	16.30	13.96	11.65	9.30	7.00	4.65	2.35
59	41.02	39.91	38.85	37.74	36.63	34.21	31.75	29.33	26.87	24.45	21.99	19.53	17.11	14.64	12.22	9.76	7.34	4.88	2.46
60	42.95	41.79	40.67	39.51	38.35	35.82	33.24	30.71	28.13	25.60	23.02	20.44	17.91	15.33	12.80	10.22	7.69	5.11	2.58
61	44.71	43.32	41.89	40.46	38.99	36.39	33.80	31.21	28.61	25.98	23.38	20.79	18.20	15.60	13.01	10.42	7.78	5.19	2.59
62	46.47	45.03	43.54	42.06	40.52	37.83	35.13	32.44	29.74	27.00	24.30	21.61	18.91	16.22	13.52	10.83	8.09	5.39	2.70
63	48.34	46.84	45.29	43.75	42.15	39.35	36.55	33.74	30.94	28.09	25.28	22.48	19.67	16.87	14.07	11.26	8.41	5.61	2.80
64	50.33	48.77	47.16	45.55	43.89	40.97	38.05	35.13	32.21	29.24	26.32	23.40	20.48	17.57	14.65	11.73	8.76	5.84	2.92
65	52.37	50.75	49.07	47.39	45.67	42.63	39.59	36.55	33.52	30.43	27.39	24.35	21.31	18.28	15.24	12.20	9.11	6.07	3.04
66	53.51	51.42	49.39	47.35	45.32	42.27	39.27	36.22	33.23	30.18	27.18	24.18	21.13	18.14	15.09	12.09	9.04	6.05	3.00
67	54.64	52.51	50.43	48.36	46.28	43.17	40.11	36.99	33.93	30.82	27.76	24.70	21.58	18.52	15.41	12.35	9.23	6.17	3.06
68	55.78	53.60	51.48	49.36	47.24	44.06	40.94	37.76	34.64	31.46	28.34	25.21	22.03	18.91	15.73	12.61	9.43	6.30	3.12
69	56.91	54.69	52.53	50.37	48.21	44.96	41.77	38.53	35.34	32.10	28.91	25.73	22.48	19.29	16.05	12.86	9.62	6.43	3.19
70	58.05	55.79	53.58	51.37	49.17	45.86	42.61	39.30	36.05	32.74	29.49	26.24	22.93	19.68	16.37	13.12	9.81	6.56	3.25
71	57.97	55.31	52.70	50.09	47.60	44.41	41.22	38.03	34.90	31.71	28.52	25.39	22.20	19.02	15.88	12.70	9.51	6.32	3.19
72	57.90	55.23	52.63	50.02	47.53	44.35	41.17	37.98	34.85	31.67	28.49	25.36	22.17	18.99	15.86	12.68	9.50	6.31	3.18
73	57.82	55.16	52.56	49.96	47.47	44.29	41.11	37.93	34.81	31.63	28.45	25.33	22.15	18.97	15.84	12.66	9.48	6.30	3.18
74	57.75	55.09	52.49	49.89	47.41	44.23	41.06	37.88	34.76	31.59	28.41	25.29	22.12	18.94	15.82	12.65	9.47	6.29	3.18
75	57.67	55.02	52.42	49.83	47.35	44.18	41.00	37.83	34.72	31.55	28.37	25.26	22.09	18.92	15.80	12.63	9.46	6.29	3.17
76	57.58	54.64	51.76	49.00	46.35	43.13	40.07	36.97	33.91	30.80	27.75	24.64							

Table 4  
Policy Form: 01-1121-08, Female Non-Tobacco  
Maximum Less Actual Surrender Charge

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
15	0.37	0.32	0.26	0.21	0.15	1.05	1.93	2.81	3.71	4.58	5.46	6.34	7.21	8.09	8.95	9.82	10.68	11.54	12.39
16	0.37	0.31	0.26	0.20	0.13	1.04	1.93	2.83	3.73	4.61	5.50	6.39	7.27	8.15	9.03	9.90	10.77	11.64	12.49
17	0.38	0.32	0.26	0.19	0.13	1.05	1.94	2.85	3.76	4.65	5.54	6.45	7.33	8.22	9.10	9.97	10.85	11.74	12.60
18	0.40	0.34	0.28	0.21	0.14	1.06	1.97	2.88	3.80	4.70	5.60	6.51	7.40	8.30	9.19	10.07	10.96	11.84	12.71
19	0.43	0.37	0.30	0.23	0.15	1.07	1.99	2.91	3.84	4.75	5.66	6.57	7.47	8.37	9.28	10.17	11.06	11.95	12.82
20	0.46	0.39	0.32	0.24	0.16	1.10	2.03	2.96	3.89	4.80	5.72	6.64	7.55	8.46	9.37	10.26	11.17	12.06	12.94
21	0.45	0.38	0.30	0.22	0.14	1.08	2.02	2.96	3.91	4.83	5.77	6.69	7.61	8.53	9.46	10.36	11.27	12.17	13.07
22	0.43	0.35	0.27	0.18	0.09	1.06	2.00	2.96	3.92	4.85	5.80	6.74	7.66	8.60	9.53	10.44	11.37	12.29	13.19
23	0.46	0.37	0.29	0.20	0.10	1.08	2.03	3.00	3.96	4.90	5.86	6.81	7.75	8.69	9.63	10.55	11.49	12.41	13.31
24	0.48	0.39	0.30	0.21	0.10	1.09	2.05	3.04	4.00	4.96	5.93	6.88	7.83	8.79	9.74	10.67	11.60	12.54	13.46
25	0.51	0.41	0.32	0.21	0.10	1.11	2.08	3.07	4.05	5.02	5.99	6.96	7.92	8.88	9.84	10.78	11.72	12.66	13.59
26	0.69	0.59	0.49	0.38	0.27	1.27	2.24	3.23	4.22	5.18	6.16	7.13	8.09	9.05	10.01	10.94	11.89	12.83	13.75
27	0.69	0.58	0.47	0.36	0.24	1.25	2.25	3.25	4.25	5.22	6.21	7.20	8.17	9.14	10.11	11.05	12.01	12.96	13.90
28	0.67	0.56	0.43	0.31	0.19	1.22	2.22	3.25	4.26	5.25	6.25	7.25	8.23	9.22	10.20	11.16	12.14	13.10	14.04
29	0.66	0.54	0.42	0.30	0.17	1.20	2.22	3.26	4.28	5.29	6.31	7.33	8.31	9.31	10.31	11.29	12.27	13.25	14.21
30	0.74	0.61	0.48	0.35	0.21	1.27	2.29	3.34	4.37	5.39	6.41	7.44	8.44	9.44	10.45	11.43	12.43	13.41	14.38
31	0.74	0.60	0.47	0.33	0.18	1.25	2.29	3.35	4.41	5.43	6.47	7.51	8.52	9.55	10.55	11.55	12.56	13.56	14.54
32	0.77	0.63	0.48	0.33	0.18	1.26	2.31	3.39	4.45	5.49	6.55	7.60	8.62	9.66	10.69	11.69	12.71	13.73	14.71
33	0.81	0.66	0.51	0.35	0.18	1.28	2.36	3.43	4.52	5.57	6.64	7.69	8.73	9.78	10.82	11.84	12.87	13.90	14.90
34	0.88	0.72	0.56	0.39	0.20	1.32	2.41	3.50	4.59	5.65	6.73	7.80	8.86	9.92	10.97	12.00	13.04	14.08	15.09
35	0.96	0.79	0.62	0.44	0.25	1.37	2.47	3.58	4.68	5.76	6.84	7.93	8.99	10.06	11.12	12.17	13.22	14.27	15.29
36	0.98	0.80	0.61	0.42	0.21	1.36	2.46	3.60	4.72	5.81	6.92	8.01	9.09	10.18	11.26	12.32	13.39	14.45	15.50
37	1.02	0.83	0.62	0.41	0.20	1.36	2.49	3.63	4.76	5.88	6.99	8.11	9.21	10.31	11.41	12.48	13.57	14.65	15.71
38	1.08	0.87	0.66	0.44	0.20	1.38	2.53	3.68	4.84	5.96	7.10	8.22	9.33	10.45	11.57	12.66	13.76	14.86	15.93
39	1.17	0.95	0.73	0.49	0.24	1.43	2.59	3.76	4.93	6.07	7.22	8.36	9.49	10.62	11.75	12.85	13.97	15.08	16.17
40	1.29	1.05	0.81	0.56	0.29	1.50	2.67	3.86	5.04	6.19	7.36	8.51	9.65	10.79	11.94	13.05	14.18	15.31	16.40
41	1.32	1.07	0.80	0.53	0.26	1.48	2.68	3.88	5.08	6.26	7.44	8.63	9.78	10.94	12.11	13.24	14.39	15.54	16.66
42	1.45	1.18	0.90	0.61	0.31	1.55	2.76	3.99	5.21	6.39	7.59	8.79	9.95	11.14	12.32	13.47	14.63	15.79	16.92
43	1.49	1.20	0.89	0.59	0.28	1.54	2.77	4.02	5.25	6.46	7.68	8.91	10.09	11.30	12.50	13.67	14.85	16.03	17.18
44	1.60	1.29	0.96	0.64	0.31	1.59	2.83	4.09	5.35	6.58	7.82	9.06	10.27	11.50	12.71	13.89	15.10	16.29	17.46
45	1.77	1.45	1.10	0.75	0.39	1.69	2.95	4.23	5.51	6.75	8.01	9.26	10.49	11.72	12.95	14.16	15.37	16.58	17.75
46	1.83	1.47	1.11	0.73	0.35	1.68	2.97	4.27	5.57	6.83	8.12	9.40	10.64	11.90	13.16	14.38	15.62	16.84	18.05
47	1.95	1.56	1.18	0.77	0.37	1.71	3.02	4.35	5.67	6.96	8.27	9.56	10.83	12.10	13.38	14.63	15.88	17.12	18.34
48	2.07	1.67	1.25	0.82	0.39	1.75	3.09	4.44	5.79	7.09	8.42	9.74	11.02	12.32	13.61	14.87	16.14	17.42	18.64
49	2.21	1.77	1.34	0.88	0.41	1.81	3.16	4.53	5.90	7.23	8.58	9.92	11.22	12.54	13.85	15.13	16.42	17.71	18.96
50	2.41	1.95	1.47	0.99	0.49	1.91	3.27	4.67	6.06	7.40	8.77	10.13	11.44	12.78	14.10	15.40	16.71	18.01	19.27
51	2.53	2.03	1.52	1.00	0.48	1.91	3.32	4.73	6.14	7.52	8.90	10.29	11.62	12.98	14.33	15.64	16.97	18.30	19.58
52	2.70	2.16	1.62	1.06	0.50	1.97	3.38	4.83	6.27	7.65	9.06	10.46	11.82	13.20	14.56	15.90	17.25	18.59	19.90
53	2.89	2.32	1.74	1.15	0.54	2.02	3.47	4.94	6.39	7.79	9.23	10.64	12.02	13.42	14.80	16.16	17.52	18.89	20.22
54	3.08	2.47	1.85	1.22	0.57	2.08	3.54	5.02	6.51	7.93	9.38	10.82	12.21	13.63	15.04	16.41	17.80	19.19	20.54
55	3.33	2.68	2.01	1.33	0.64	2.16	3.65	5.16	6.65	8.09	9.56	11.00	12.42	13.86	15.28	16.67	18.08	19.49	20.86
56	2.72	2.96	3.16	3.39	3.60	4.92	6.26	7.56	8.88	10.15	11.45	12.74	13.97	15.24	16.46	17.71	18.92	20.17	21.37
57	2.17	2.41	2.62	2.83	3.04	4.42	5.82	7.18	8.55	9.89	11.24	12.59	13.88	15.21	16.48	17.80	19.08	20.38	21.66
58	1.71	1.95	2.14	2.35	2.54	3.98	5.44	6.84	8.28	9.66	11.06	12.46	13.81	15.19	16.53	17.91	19.24	20.61	21.94
59	1.32	1.55	1.73	1.93	2.11	3.59	5.10	6.55	8.02	9.45	10.91	12.36	13.77	15.20	16.59	18.02	19.41	20.84	22.23
60	1.03	1.25	1.39	1.57	1.74	3.26	4.81	6.30	7.83	9.30	10.80	12.30	13.75	15.23	16.67	18.16	19.59	21.07	22.51
61	1.00	1.37	1.76	2.13	2.52	4.03	5.51	6.99	8.45	9.95	11.39	12.83	14.27	15.70	17.13	18.56	20.03	21.46	22.90
62	1.09	1.42	1.78	2.12	2.49	4.01	5.52	7.01	8.49	10.01	11.48	12.94	14.40	15.86	17.32	18.77	20.28	21.74	23.22
63	1.18	1.48	1.81	2.11	2.45	3.98	5.51	7.02	8.51	10.06	11.55	13.04	14.52	16.00	17.49	18.97	20.51	22.01	23.56
64	1.28	1.53	1.82	2.10	2.40	3.95	5.49	7.01	8.53	10.09	11.61	13.12	14.63	16.14	17.65	19.17	20.75	22.32	23.93
65	1.47	1.67	1.91	2.14	2.40	3.95	5.50	7.04	8.58	10.16	11.69	13.22	14.75	16.28	17.82	19.38	21.02	22.66	24.33
66	2.71	3.26	3.74	4.19	4.64	6.09	7.48	8.92	10.30	11.73	13.11	14.50	15.92	17.32	18.78	20.22	21.77	23.30	24.92
67	4.12	4.57	4.96	5.33	5.69	7.08	8.41	9.79	11.11	12.49	13.81	15.13	16.52	17.86	19.32	20.77	22.31	23.84	25.45
68	2.51	2.96	3.34	3.71	4.07	5.48	6.83	8.23	9.57	10.98	12.33	13.69	15.13	16.55	18.08	19.59	21.21	22.81	24.51
69	1.31	1.73	2.09	2.44	2.78	4.20	5.57	6.98	8.34	9.76	11.13	12.52	14.02	15.51	17.10	18.68	20.34	22.01	23.81
70	0.10	0.50	0.84	1.18	1.50	2.92	4.29	5.72	7.09	8.52	9.92	11.38	12.94	14.48	16.13	17.75	19.49	21.26	23.19
71	0.11	0.84	1.51	2.19	2.73	3.98	5.23	6.48	7.67	8.96	10.29	11.62	13.04	14.51	15.98	17.53	19.20	20.96	22.73
72	0.10	0.78	1.37	1.97	2.46	3.63	4.81	6.00	7.16	8.42	9.74	11.05	12.47	13.92	15.37	16.98	18.68	20.46	22.16
73	0.11	0.69	1.22	1.74	2.16	3.27	4.38	5.52	6.66	7.91	9.21	10.50	11.89	13.34	14.84	16.48	18.21	19.91	21.49
74	0.10	0.61	1.06	1.51	1.84	2.88	3.94	5.07	6.19	7.41	8.70	9.96	11.34	12.83	14.36	16.03	17.68	19.26	20.80
75	0.10	0.52	0.89	1.25	1.51	2.49	3.54	4.64	5.73	6.93	8.19	9.44	10.86	12.38	13.94	15.53	17.04	18.58	20.17
76	0.10	0.72	1.29	1.75	2.12	3.13	4.04	5.04	6.06	7.17	8.29	9.58	10.92	12.41	13.81	15.20	16.56	18.08	19.74
77	0.10	0.63	1.11	1.50	1.84	2.82	3.69	4.67	5.64	6.73	7.89	9.22	10.57	11.97	13.22	14.57	15.96	17.62	19.45
78	0.10	0.52	0.93	1.29	1.60	2.53	3.36	4.30	5.24	6.37	7.57	8.92	10.17	11.40	12.61	13.99	15.52	17.35	19.36

Table 5  
Policy Form: 01-1121-08, Male Preferred

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
20	0.53	0.45	0.36	0.27	0.18	1.17	2.14	3.12	4.11	5.07	6.03	7.00	7.94	8.90	9.84	10.78	11.71	12.65	13.57
21	0.53	0.45	0.36	0.25	0.16	1.17	2.15	3.14	4.13	5.10	6.08	7.05	8.00	8.96	9.93	10.87	11.81	12.76	13.69
22	0.54	0.45	0.35	0.25	0.15	1.17	2.16	3.16	4.16	5.14	6.13	7.11	8.07	9.04	10.01	10.96	11.92	12.87	13.80
23	0.57	0.48	0.38	0.27	0.16	1.18	2.19	3.19	4.21	5.19	6.19	7.18	8.16	9.13	10.11	11.06	12.03	12.99	13.93
24	0.61	0.50	0.40	0.29	0.17	1.20	2.22	3.24	4.25	5.25	6.26	7.26	8.24	9.23	10.21	11.17	12.15	13.12	14.06
25	0.67	0.56	0.45	0.33	0.21	1.25	2.27	3.30	4.33	5.33	6.34	7.34	8.34	9.34	10.32	11.29	12.27	13.25	14.20
26	0.68	0.57	0.45	0.32	0.19	1.25	2.28	3.32	4.36	5.37	6.39	7.41	8.42	9.43	10.43	11.41	12.40	13.39	14.35
27	0.70	0.57	0.45	0.31	0.17	1.24	2.29	3.34	4.39	5.41	6.45	7.48	8.49	9.51	10.53	11.51	12.52	13.51	14.49
28	0.75	0.62	0.47	0.33	0.18	1.25	2.31	3.38	4.44	5.48	6.52	7.56	8.59	9.62	10.64	11.65	12.66	13.66	14.64
29	0.81	0.67	0.52	0.36	0.20	1.30	2.36	3.44	4.51	5.56	6.61	7.66	8.70	9.73	10.76	11.78	12.80	13.82	14.81
30	0.89	0.74	0.58	0.42	0.25	1.35	2.42	3.51	4.59	5.64	6.72	7.77	8.81	9.86	10.91	11.92	12.96	13.98	14.98
31	0.90	0.73	0.56	0.39	0.21	1.32	2.42	3.52	4.61	5.68	6.77	7.85	8.89	9.96	11.02	12.06	13.10	14.13	15.15
32	0.93	0.76	0.58	0.39	0.20	1.33	2.44	3.55	4.66	5.75	6.85	7.94	9.01	10.08	11.16	12.20	13.26	14.30	15.32
33	1.00	0.81	0.61	0.41	0.21	1.36	2.48	3.60	4.73	5.83	6.95	8.04	9.12	10.22	11.31	12.35	13.42	14.48	15.51
34	1.08	0.89	0.68	0.47	0.25	1.41	2.54	3.68	4.83	5.93	7.06	8.18	9.26	10.37	11.46	12.53	13.60	14.67	15.71
35	1.20	0.99	0.77	0.54	0.30	1.47	2.62	3.78	4.93	6.05	7.18	8.32	9.42	10.53	11.63	12.70	13.79	14.87	15.91
36	1.21	0.98	0.75	0.51	0.25	1.44	2.61	3.79	4.96	6.09	7.25	8.40	9.52	10.64	11.76	12.85	13.94	15.04	16.11
37	1.27	1.03	0.77	0.51	0.25	1.45	2.63	3.84	5.02	6.18	7.36	8.51	9.64	10.78	11.92	13.02	14.13	15.24	16.33
38	1.35	1.10	0.83	0.54	0.26	1.49	2.69	3.90	5.11	6.28	7.46	8.64	9.78	10.94	12.08	13.20	14.33	15.46	16.55
39	1.48	1.19	0.90	0.61	0.30	1.55	2.76	3.99	5.21	6.39	7.59	8.78	9.93	11.10	12.26	13.39	14.54	15.68	16.79
40	1.63	1.33	1.01	0.70	0.38	1.64	2.86	4.10	5.33	6.53	7.74	8.93	10.10	11.28	12.46	13.59	14.75	15.91	17.03
41	1.66	1.34	1.01	0.67	0.32	1.60	2.86	4.11	5.37	6.58	7.81	9.02	10.21	11.42	12.61	13.77	14.95	16.12	17.26
42	1.76	1.42	1.07	0.71	0.33	1.63	2.90	4.18	5.45	6.67	7.92	9.15	10.36	11.58	12.80	13.97	15.17	16.36	17.52
43	1.87	1.51	1.12	0.74	0.34	1.66	2.94	4.24	5.51	6.76	8.03	9.29	10.51	11.74	12.98	14.18	15.39	16.59	17.77
44	2.04	1.64	1.24	0.81	0.38	1.72	3.01	4.32	5.62	6.88	8.16	9.44	10.67	11.93	13.17	14.39	15.61	16.83	18.02
45	2.25	1.82	1.39	0.94	0.48	1.82	3.12	4.45	5.76	7.04	8.34	9.62	10.87	12.14	13.39	14.61	15.86	17.10	18.31
46	2.34	1.88	1.41	0.92	0.42	1.79	3.11	4.47	5.80	7.10	8.42	9.73	11.00	12.28	13.57	14.81	16.09	17.35	18.59
47	2.53	2.04	1.52	1.01	0.47	1.85	3.19	4.56	5.91	7.23	8.56	9.89	11.17	12.47	13.77	15.03	16.33	17.63	18.88
48	2.72	2.19	1.63	1.07	0.49	1.90	3.25	4.64	6.02	7.35	8.70	10.04	11.34	12.66	13.98	15.28	16.59	17.90	19.19
49	2.95	2.37	1.77	1.17	0.54	1.96	3.35	4.75	6.14	7.49	8.86	10.21	11.53	12.87	14.22	15.53	16.87	18.20	19.49
50	3.24	2.62	1.98	1.32	0.65	2.09	3.49	4.90	6.31	7.67	9.04	10.42	11.76	13.12	14.49	15.81	17.18	18.52	19.83
51	3.40	2.73	2.04	1.33	0.62	2.09	3.50	4.94	6.37	7.74	9.15	10.55	11.93	13.32	14.71	16.06	17.45	18.81	20.15
52	3.66	2.93	2.18	1.43	0.66	2.14	3.58	5.04	6.48	7.88	9.31	10.74	12.13	13.55	14.97	16.34	17.73	19.12	20.48
53	3.94	3.14	2.35	1.53	0.71	2.20	3.65	5.13	6.59	8.01	9.48	10.92	12.34	13.79	15.21	16.60	18.02	19.43	20.81
54	4.25	3.39	2.54	1.66	0.76	2.28	3.75	5.23	6.73	8.18	9.65	11.13	12.57	14.02	15.48	16.88	18.31	19.75	21.16
55	4.67	3.76	2.82	1.87	0.90	2.42	3.90	5.42	6.92	8.39	9.89	11.37	12.82	14.29	15.75	17.17	18.62	20.09	21.52
56	3.79	3.88	3.90	3.95	3.99	5.29	6.64	7.94	9.27	10.56	11.87	13.19	14.45	15.73	16.98	18.25	19.51	20.81	22.08
57	3.01	3.08	3.08	3.13	3.15	4.54	5.96	7.34	8.76	10.11	11.51	12.89	14.22	15.59	16.90	18.28	19.63	21.02	22.37
58	2.34	2.40	2.38	2.41	2.42	3.87	5.38	6.83	8.31	9.73	11.19	12.63	14.02	15.47	16.88	18.33	19.76	21.24	22.68
59	1.81	1.83	1.79	1.79	1.79	3.32	4.88	6.38	7.93	9.40	10.92	12.42	13.89	15.41	16.89	18.42	19.92	21.49	23.01
60	1.43	1.42	1.34	1.32	1.29	2.86	4.48	6.02	7.61	9.14	10.69	12.27	13.80	15.38	16.93	18.54	20.11	21.75	23.37
61	2.26	2.38	2.56	2.73	2.94	4.44	5.92	7.39	8.84	10.34	11.78	13.24	14.71	16.20	17.69	19.19	20.78	22.34	23.94
62	3.24	3.30	3.40	3.50	3.64	5.09	6.53	7.95	9.37	10.84	12.27	13.72	15.16	16.63	18.11	19.61	21.21	22.79	24.44
63	4.37	4.35	4.36	4.37	4.40	5.80	7.19	8.56	9.94	11.39	12.80	14.21	15.64	17.08	18.55	20.05	21.67	23.29	24.96
64	1.70	1.70	1.73	1.75	1.80	3.25	4.70	6.15	7.61	9.14	10.63	12.13	13.64	15.18	16.77	18.40	20.13	21.88	23.67
65	0.10	0.08	0.09	0.09	0.11	1.59	3.08	4.58	6.09	7.67	9.19	10.74	12.32	13.94	15.62	17.34	19.18	21.02	22.92
66	0.11	0.48	0.76	1.02	1.28	2.63	3.95	5.34	6.68	8.10	9.47	10.87	12.37	13.87	15.49	17.09	18.83	20.55	22.40
67	0.12	0.40	0.59	0.78	0.97	2.28	3.54	4.87	6.17	7.53	8.86	10.24	11.74	13.24	14.85	16.46	18.19	19.94	21.81
68	0.11	0.30	0.41	0.53	0.67	1.93	3.13	4.40	5.64	6.97	8.28	9.65	11.14	12.64	14.24	15.86	17.61	19.37	21.27
69	0.11	0.21	0.25	0.31	0.39	1.57	2.72	3.93	5.12	6.42	7.72	9.08	10.57	12.06	13.68	15.30	17.06	18.85	20.81
70	0.10	0.12	0.10	0.09	0.10	1.22	2.30	3.46	4.63	5.91	7.20	8.56	10.03	11.52	13.14	14.78	16.58	18.41	20.41
71	0.11	0.45	0.77	1.09	1.31	2.24	3.21	4.23	5.26	6.41	7.63	8.86	10.22	11.65	13.11	14.73	16.45	18.27	20.15
72	0.12	0.39	0.61	0.86	1.01	1.88	2.82	3.81	4.81	5.95	7.17	8.38	9.74	11.19	12.69	14.34	16.11	17.99	19.90
73	0.12	0.31	0.44	0.60	0.69	1.53	2.43	3.40	4.39	5.52	6.72	7.94	9.31	10.78	12.32	14.03	15.85	17.76	19.69
74	0.11	0.21	0.26	0.36	0.39	1.20	2.07	3.03	4.00	5.11	6.30	7.54	8.94	10.45	12.04	13.80	15.65	17.58	19.54
75	0.10	0.10	0.08	0.12	0.12	0.89	1.75	2.68	3.63	4.74	5.93	7.20	8.64	10.21	11.84	13.64	15.51	17.46	19.43
76	0.08	0.28	0.48	0.66	0.80	1.60	2.31	3.15	4.04	5.10	6.21	7.52	8.89	10.45	12.07	13.82	15.60	17.51	19.46
77	0.06	0.20	0.35	0.48	0.60	1.36	2.04	2.88	3.78	4.85	6.00	7.35	8.78	10.39	12.01	13.77	15.58	17.52	19.50
78	0.07	0.14	0.25	0.35	0.41	1.15	1.82	2.66	3.57	4.69	5.89	7.29	8.76	10.37	12.01	13.80	15.63	17.60	19.56
79	0.08	0.10	0.17	0.22	0.25	0.97	1.63	2.49	3.45	4.61	5.86	7.31	8.78	10.40	12.07	13.89	15.74	17.71	19.67
80	0.10	0.08	0.09	0.10	0.11	0.82	1.51	2.41	3.40	4.62	5.92	7.37	8.85	10.50	12.20	14.04	15.88	17.84	19.83

Table 5  
Policy Form: 01-1121-08, Male Tobacco/Juvenile

Actual Surrender Charge=====																			
Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
20	16.19	16.19	16.19	16.19	16.19	15.11	14.04	12.95	11.87	10.80	9.71	8.63	7.56	6.48	5.39	4.32	3.24	2.15	1.08
21	16.44	16.44	16.44	16.44	16.44	15.34	14.26	13.16	12.05	10.97	9.87	8.76	7.68	6.58	5.48	4.39	3.29	2.19	1.10
22	16.70	16.70	16.70	16.70	16.70	15.58	14.48	13.36	12.24	11.14	10.02	8.90	7.80	6.68	5.56	4.46	3.34	2.22	1.12
23	16.95	16.95	16.95	16.95	16.95	15.82	14.70	13.56	12.43	11.31	10.17	9.04	7.92	6.78	5.65	4.53	3.39	2.25	1.14
24	17.21	17.21	17.21	17.21	17.21	16.05	14.92	13.76	12.61	11.48	10.32	9.17	8.04	6.88	5.73	4.59	3.44	2.29	1.15
25	17.46	17.46	17.46	17.46	17.46	16.29	15.14	13.97	12.80	11.65	10.48	9.31	8.15	6.98	5.81	4.66	3.49	2.32	1.17
26	17.78	17.78	17.78	17.78	17.78	16.59	15.41	14.22	13.03	11.86	10.67	9.48	8.30	7.11	5.92	4.75	3.56	2.36	1.19
27	18.10	18.10	18.10	18.10	18.10	16.88	15.69	14.48	13.26	12.07	10.86	9.65	8.45	7.24	6.03	4.83	3.62	2.41	1.21
28	18.41	18.41	18.41	18.41	18.41	17.18	15.96	14.73	13.50	12.28	11.05	9.81	8.60	7.37	6.13	4.92	3.68	2.45	1.23
29	18.73	18.73	18.73	18.73	18.73	17.48	16.24	14.99	13.73	12.49	11.24	9.98	8.75	7.49	6.24	5.00	3.75	2.49	1.26
30	19.05	19.05	19.05	19.05	19.05	17.77	16.52	15.24	13.96	12.71	11.43	10.15	8.90	7.62	6.34	5.09	3.81	2.53	1.28
31	19.46	19.46	19.46	19.46	19.46	18.16	16.88	15.57	14.27	12.98	11.68	10.37	9.09	7.79	6.48	5.20	3.89	2.59	1.30
32	19.88	19.88	19.88	19.88	19.88	18.55	17.23	15.90	14.57	13.26	11.93	10.59	9.28	7.95	6.62	5.31	3.98	2.64	1.33
33	20.29	20.29	20.29	20.29	20.29	18.93	17.59	16.23	14.87	13.53	12.18	10.82	9.48	8.12	6.76	5.42	4.06	2.70	1.36
34	20.71	20.71	20.71	20.71	20.71	19.32	17.95	16.56	15.18	13.81	12.42	11.04	9.67	8.28	6.90	5.53	4.14	2.75	1.39
35	21.12	21.12	21.12	21.12	21.12	19.70	18.31	16.90	15.48	14.09	12.67	11.26	9.86	8.45	7.03	5.64	4.22	2.81	1.42
36	21.66	21.66	21.66	21.66	21.66	20.21	18.78	17.32	15.87	14.44	12.99	11.54	10.11	8.66	7.21	5.78	4.33	2.88	1.45
37	22.19	22.19	22.19	22.19	22.19	20.71	19.24	17.75	16.27	14.80	13.32	11.83	10.36	8.88	7.39	5.93	4.44	2.95	1.49
38	22.73	22.73	22.73	22.73	22.73	21.21	19.71	18.18	16.66	15.16	13.64	12.11	10.61	9.09	7.57	6.07	4.55	3.02	1.52
39	23.26	23.26	23.26	23.26	23.26	21.71	20.17	18.61	17.05	15.52	13.96	12.40	10.86	9.31	7.75	6.21	4.65	3.09	1.56
40	23.80	23.80	23.80	23.80	23.80	22.21	20.63	19.04	17.45	15.87	14.28	12.69	11.11	9.52	7.93	6.35	4.76	3.17	1.59
41	24.49	24.49	24.49	24.49	24.49	22.85	21.23	19.59	17.95	16.33	14.69	13.05	11.43	9.79	8.15	6.54	4.90	3.26	1.64
42	25.16	25.16	25.16	25.16	25.16	23.47	21.81	20.13	18.44	16.78	15.10	13.41	11.75	10.06	8.38	6.72	5.03	3.35	1.69
43	25.86	25.86	25.86	25.86	25.86	24.13	22.42	20.69	18.95	17.25	15.51	13.78	12.08	10.34	8.61	6.90	5.17	3.44	1.73
44	26.54	26.54	26.54	26.54	26.54	24.77	23.01	21.24	19.46	17.70	15.93	14.15	12.40	10.62	8.84	7.09	5.31	3.53	1.78
45	27.23	27.23	27.23	27.23	27.23	25.41	23.61	21.78	19.96	18.16	16.34	14.51	12.72	10.89	9.07	7.27	5.45	3.62	1.82
46	28.09	28.09	28.09	28.09	28.09	26.21	24.35	22.47	20.59	18.74	16.85	14.97	13.12	11.24	9.35	7.50	5.62	3.74	1.88
47	28.89	28.89	28.89	28.89	28.89	26.95	25.05	23.11	21.18	19.27	17.33	15.40	13.49	11.56	9.62	7.71	5.78	3.84	1.94
48	29.76	29.76	29.76	29.76	29.76	27.77	25.80	23.81	21.81	19.85	17.86	15.86	13.90	11.90	9.91	7.95	5.95	3.96	1.99
49	30.66	30.66	30.66	30.66	30.66	28.61	26.58	24.53	22.47	20.45	18.40	16.34	14.32	12.26	10.21	8.19	6.13	4.08	2.05
50	31.58	31.58	31.58	31.58	31.58	29.46	27.38	25.26	23.15	21.06	18.95	16.83	14.75	12.63	10.52	8.43	6.32	4.20	2.12
51	32.70	32.70	32.70	32.70	32.70	30.51	28.35	26.16	23.97	21.81	19.62	17.43	15.27	13.08	10.89	8.73	6.54	4.35	2.19
52	33.80	33.80	33.80	33.80	33.80	31.54	29.30	27.04	24.78	22.54	20.28	18.02	15.78	13.52	11.26	9.02	6.76	4.50	2.26
53	34.96	34.96	34.96	34.96	34.96	32.62	30.31	27.97	25.63	23.32	20.98	18.63	16.33	13.98	11.64	9.33	6.99	4.65	2.34
54	36.19	36.19	36.19	36.19	36.19	33.77	31.38	28.95	26.53	24.14	21.71	19.29	16.90	14.48	12.05	9.66	7.24	4.81	2.42
55	37.39	37.39	37.39	37.39	37.39	34.88	32.42	29.91	27.41	24.94	22.43	19.93	17.46	14.96	12.45	9.98	7.48	4.97	2.51
56	39.99	38.91	37.87	36.79	35.71	33.35	30.95	28.59	26.19	23.84	21.44	19.04	16.68	14.28	11.92	9.52	7.16	4.76	2.40
57	42.59	41.44	40.34	39.19	38.04	35.52	32.97	30.45	27.90	25.39	22.83	20.27	17.76	15.21	12.69	10.14	7.62	5.07	2.56
58	45.20	43.98	42.80	41.58	40.36	37.69	34.98	32.32	29.60	26.94	24.23	21.51	18.85	16.13	13.47	10.76	8.09	5.38	2.71
59	47.80	46.51	45.26	43.97	42.68	39.86	37.00	34.18	31.31	28.49	25.62	22.75	19.93	17.06	14.24	11.38	8.56	5.69	2.87
60	50.40	49.04	47.73	46.37	45.01	42.03	39.01	36.04	33.01	30.04	27.01	23.99	21.02	17.99	15.02	12.00	9.02	6.00	3.02
61	51.94	50.33	48.66	47.00	45.29	42.28	39.26	36.25	33.24	30.17	27.16	24.15	21.14	18.13	15.11	12.10	9.04	6.02	3.01
62	53.47	51.81	50.10	48.39	46.63	43.53	40.42	37.32	34.22	31.07	27.97	24.86	21.76	18.66	15.56	12.46	9.30	6.20	3.10
63	55.01	53.30	51.54	49.78	47.97	44.78	41.59	38.40	35.21	31.96	28.77	25.58	22.39	19.20	16.01	12.82	9.57	6.38	3.19
64	56.54	54.79	52.98	51.17	49.31	46.03	42.75	39.47	36.19	32.85	29.57	26.29	23.01	19.73	16.45	13.17	9.84	6.56	3.28
65	58.08	56.28	54.42	52.56	50.65	47.28	43.91	40.54	37.17	33.74	30.38	27.01	23.64	20.27	16.90	13.53	10.11	6.74	3.37
66	58.00	55.73	53.53	51.33	49.12	45.82	42.57	39.26	36.02	32.71	29.46	26.21	22.91	19.66	16.35	13.11	9.80	6.55	3.25
67	57.91	55.65	53.45	51.25	49.05	45.75	42.51	39.21	35.96	32.66	29.42	26.18	22.88	19.63	16.33	13.09	9.79	6.54	3.24
68	57.83	55.57	53.38	51.18	48.98	45.68	42.45	39.15	35.91	32.61	29.38	26.14	22.84	19.60	16.31	13.07	9.77	6.53	3.24
69	57.74	55.49	53.30	51.10	48.91	45.62	42.38	39.09	35.86	32.57	29.33	26.10	22.81	19.58	16.28	13.05	9.76	6.53	3.23
70	57.66	55.41	53.22	51.03	48.84	45.55	42.32	39.04	35.81	32.52	29.29	26.06	22.78	19.55	16.26	13.03	9.74	6.52	3.23
71	57.57	54.93	52.33	49.74	47.27	44.10	40.94	37.77	34.66	31.49	28.33	25.22	22.05	18.88	15.78	12.61	9.44	6.28	3.17
72	57.49	54.84	52.26	49.67	47.20	44.04	40.87	37.71	34.61	31.45	28.28	25.18	22.02	18.86	15.75	12.59	9.43	6.27	3.16
73	57.40	54.76	52.18	49.60	47.13	43.97	40.81	37.66	34.56	31.40	28.24	25.14	21.98	18.83	15.73	12.57	9.41	6.26	3.16
74	57.32	54.68	52.10	49.52	47.06	43.90	40.75	37.60	34.50	31.35	28.20	25.10	21.95	18.80	15.70	12.55	9.40	6.25	3.15
75	57.23	54.60	52.02	49.45	46.99	43.84	40.69	37.54	34.45	31.30	28.16	25.07	21.92	18.77	15.68	12.53	9.39	6.24	3.15
76	57.16	54.24	51.39	48.64	46.01	42.81	39.78	36.70	33.67	30.58	27.55	24.46	21.43	18.35	15.32	12.23	9.20	6.12	3.09
77	57.09	54.17	51.32	48.58	45.95	42.76	39.73	36.65	33.62	30.54	27.52	24.43	21.41	18.32	15.30	12.22	9.19	6.11	3.08
78	57.01	54.11	51.26	48.52	45.90	42.70	39.68	36.60	33.58	30.50	27.48	24.40	21.38	18.30	15.28	12.20	9.18	6.10	3.08
79	56.94	54.04	51.19	48.46	45.84	42.65	39.63	36.56	33.54	30.46	27.45	24.37	21.35	18.28	15.26	12.19	9.17	6.09	3.07
80	56.87	53.97	51.13	48.40	45.78	42.60	39.58	36.51	33.50	30.43	27.41	24.34	21.33	18.26	15.24				

Initial		ExcessF	Unused	Table 5																		
Maximur		Unit	Maximur	Policy Form: 01-1121-08, Male Preferred																		
Age	EA	Charge	IEA	Maximum Surrender Charge====>																		
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
20	16.72		16.72	16.72	16.64	16.55	16.46	16.37	16.28	16.18	16.08	15.98	15.87	15.75	15.62	15.50	15.37	15.23	15.10	14.95	14.80	14.65
21	16.97		16.97	16.97	16.89	16.80	16.70	16.61	16.51	16.41	16.30	16.19	16.07	15.94	15.81	15.68	15.54	15.40	15.26	15.10	14.95	14.79
22	17.24		17.24	17.24	17.15	17.05	16.95	16.85	16.75	16.64	16.52	16.40	16.27	16.14	16.01	15.87	15.72	15.57	15.42	15.26	15.09	14.92
23	17.52		17.52	17.52	17.43	17.33	17.22	17.11	17.00	16.89	16.76	16.63	16.49	16.36	16.21	16.07	15.91	15.76	15.59	15.42	15.25	15.07
24	17.82		17.82	17.82	17.71	17.61	17.50	17.38	17.26	17.14	17.01	16.86	16.72	16.58	16.43	16.27	16.11	15.94	15.77	15.59	15.41	15.22
25	18.13		18.13	18.13	18.02	17.91	17.79	17.67	17.54	17.41	17.26	17.12	16.97	16.81	16.65	16.49	16.32	16.14	15.96	15.77	15.57	15.37
26	18.46		18.46	18.46	18.35	18.23	18.10	17.97	17.84	17.70	17.54	17.39	17.23	17.06	16.89	16.72	16.54	16.35	16.16	15.95	15.75	15.54
27	18.80		18.80	18.80	18.67	18.55	18.41	18.27	18.13	17.97	17.81	17.65	17.48	17.31	17.13	16.94	16.75	16.56	16.34	16.14	15.92	15.70
28	19.16		19.16	19.16	19.03	18.89	18.75	18.60	18.44	18.27	18.11	17.94	17.76	17.57	17.38	17.19	16.99	16.77	16.56	16.34	16.11	15.88
29	19.54		19.54	19.54	19.40	19.25	19.10	18.94	18.77	18.60	18.42	18.24	18.05	17.85	17.65	17.44	17.22	17.00	16.78	16.55	16.31	16.07
30	19.94		19.94	19.94	19.79	19.63	19.47	19.30	19.12	18.93	18.75	18.55	18.35	18.15	17.92	17.70	17.48	17.25	17.01	16.77	16.51	16.25
31	20.36		20.36	20.36	20.20	20.03	19.86	19.67	19.48	19.29	19.09	18.88	18.67	18.44	18.22	17.98	17.75	17.50	17.26	16.99	16.72	16.45
32	20.81		20.81	20.81	20.64	20.46	20.27	20.07	19.87	19.67	19.45	19.23	19.01	18.77	18.53	18.29	18.03	17.78	17.50	17.23	16.95	16.66
33	21.29		21.29	21.29	21.10	20.91	20.71	20.50	20.29	20.07	19.84	19.61	19.36	19.12	18.86	18.60	18.34	18.06	17.77	17.48	17.18	16.87
34	21.79		21.79	21.79	21.60	21.39	21.17	20.95	20.73	20.49	20.25	20.00	19.74	19.48	19.22	18.93	18.65	18.36	18.06	17.74	17.42	17.10
35	22.32		22.32	22.32	22.11	21.89	21.66	21.42	21.18	20.93	20.67	20.41	20.14	19.86	19.57	19.28	18.98	18.67	18.34	18.01	17.68	17.32
36	22.87		22.87	22.87	22.64	22.41	22.16	21.91	21.65	21.39	21.11	20.83	20.54	20.24	19.94	19.63	19.31	18.97	18.63	18.28	17.92	17.56
37	23.46		23.46	23.46	23.22	22.96	22.70	22.44	22.16	21.87	21.59	21.29	20.98	20.67	20.34	20.00	19.66	19.31	18.94	18.57	18.20	17.81
38	24.08		24.08	24.08	23.83	23.55	23.27	22.99	22.70	22.39	22.08	21.77	21.44	21.10	20.75	20.39	20.03	19.65	19.27	18.87	18.48	18.08
39	24.74		24.74	24.74	24.46	24.16	23.87	23.57	23.25	22.93	22.60	22.26	21.91	21.55	21.18	20.80	20.40	20.01	19.60	19.19	18.77	18.35
40	25.43		25.43	25.43	25.13	24.81	24.50	24.18	23.84	23.50	23.14	22.78	22.41	22.02	21.62	21.21	20.80	20.38	19.95	19.51	19.08	18.62
41	26.15		26.15	26.15	25.83	25.49	25.16	24.80	24.45	24.09	23.70	23.32	22.91	22.50	22.07	21.65	21.21	20.77	20.31	19.85	19.38	18.90
42	26.92		26.92	26.92	26.58	26.23	25.87	25.49	25.11	24.71	24.31	23.89	23.46	23.02	22.56	22.11	21.64	21.18	20.69	20.21	19.71	19.20
43	27.73		27.73	27.73	27.37	26.98	26.60	26.20	25.78	25.36	24.92	24.47	24.01	23.55	23.07	22.58	22.09	21.59	21.08	20.56	20.03	19.50
44	28.58		28.58	28.58	28.18	27.78	27.35	26.93	26.48	26.03	25.56	25.07	24.59	24.09	23.58	23.07	22.55	22.01	21.48	20.92	20.36	19.80
45	29.48		29.48	29.48	29.05	28.62	28.17	27.71	27.23	26.73	26.23	25.72	25.20	24.67	24.14	23.59	23.03	22.46	21.88	21.31	20.72	20.13
46	30.43		30.43	30.43	29.97	29.50	29.01	28.51	27.99	27.47	26.94	26.39	25.83	25.28	24.70	24.12	23.52	22.92	22.31	21.70	21.08	20.48
47	31.42		31.42	31.42	30.93	30.41	29.90	29.36	28.80	28.24	27.67	27.08	26.49	25.90	25.29	24.66	24.03	23.39	22.75	22.11	21.47	20.82
48	32.48		32.48	32.48	31.95	31.39	30.83	30.25	29.66	29.06	28.45	27.84	27.20	26.56	25.90	25.23	24.56	23.89	23.22	22.54	21.86	21.18
49	33.61		33.61	33.61	33.03	32.43	31.83	31.20	30.57	29.93	29.28	28.62	27.94	27.25	26.55	25.85	25.14	24.43	23.72	23.00	22.28	21.55
50	34.82		34.82	34.82	34.20	33.56	32.90	32.23	31.55	30.87	30.17	29.46	28.73	27.99	27.25	26.50	25.75	25.01	24.24	23.49	22.72	21.94
51	36.10		36.10	36.10	35.43	34.74	34.03	33.32	32.60	31.85	31.10	30.33	29.55	28.77	27.98	27.20	26.40	25.60	24.79	23.99	23.16	22.34
52	37.46		37.46	37.46	36.73	35.98	35.23	34.46	33.68	32.88	32.08	31.25	30.43	29.59	28.76	27.92	27.07	26.23	25.36	24.49	23.62	22.74
53	38.90		38.90	38.90	38.10	37.31	36.49	35.67	34.82	33.96	33.10	32.22	31.33	30.46	29.56	28.67	27.77	26.85	25.94	25.01	24.08	23.15
54	40.44		40.44	40.44	39.58	38.73	37.85	36.95	36.04	35.12	34.18	33.25	32.32	31.37	30.42	29.47	28.50	27.53	26.54	25.55	24.57	23.59
55	42.06		42.06	42.06	41.15	40.21	39.26	38.29	37.31	36.32	35.33	34.33	33.33	32.32	31.30	30.28	29.25	28.20	27.15	26.10	25.06	24.03
56	43.78		43.78	43.78	42.79	41.78	40.74	39.70	38.65	37.59	36.53	35.47	34.39	33.31	32.23	31.12	30.01	28.89	27.77	26.66	25.57	24.48
57	45.60		45.60	45.60	44.53	43.42	42.32	41.19	40.06	38.93	37.79	36.66	35.50	34.34	33.17	31.98	30.79	29.59	28.42	27.25	26.08	24.93
58	47.54		47.54	47.54	46.37	45.18	43.99	42.78	41.57	40.36	39.14	37.91	36.67	35.41	34.14	32.87	31.60	30.35	29.09	27.85	26.62	25.39
59	49.61		49.61	49.61	48.34	47.06	45.76	44.47	43.18	41.88	40.56	39.23	37.89	36.54	35.17	33.82	32.48	31.13	29.80	28.48	27.17	25.88
60	51.83		51.83	51.83	50.45	49.07	47.68	46.30	44.89	43.49	42.06	40.62	39.18	37.71	36.26	34.81	33.38	31.95	30.53	29.13	27.75	26.40
61	54.20		54.20	54.20	52.71	51.22	49.73	48.23	46.71	45.18	43.64	42.08	40.52	38.94	37.39	35.85	34.32	32.80	31.29	29.81	28.36	26.96
62	56.71		56.71	56.71	55.12	53.50	51.89	50.26	48.62	46.95	45.28	43.59	41.90	40.24	38.58	36.93	35.29	33.67	32.07	30.51	29.00	27.54
63	59.38		59.38	59.38	57.65	55.90	54.15	52.37	50.58	48.78	46.96	45.15	43.35	41.57	39.79	38.03	36.28	34.56	32.87	31.24	29.67	28.15
64	60.00		60.00	58.24	56.49	54.71	52.92	51.11	49.28	47.45	45.62	43.80	41.99	40.20	38.42	36.65						

Age	Table 6																					
	Initial	Excess	Unused	Maximum Surrender Charge====>																		
	Maximum Unit Charge IEA	Maximum Unit Charge IEA	Maximum Unit Charge IEA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
20	15.70		15.70	15.70	15.63	15.56	15.48	15.40	15.32	15.24	15.15	15.06	14.97	14.87	14.77	14.67	14.56	14.45	14.33	14.21	14.08	14.56
21	15.93		15.93	15.93	15.86	15.78	15.70	15.62	15.53	15.45	15.35	15.26	15.16	15.06	14.95	14.84	14.73	14.62	14.50	14.37	14.23	14.73
22	16.18		16.18	16.18	16.10	16.02	15.93	15.84	15.75	15.65	15.56	15.46	15.35	15.25	15.13	15.02	14.90	14.78	14.65	14.52	14.39	14.90
23	16.43		16.43	16.43	16.34	16.26	16.17	16.07	15.98	15.88	15.78	15.67	15.56	15.44	15.32	15.20	15.08	14.95	14.81	14.68	14.53	15.08
24	16.70		16.70	16.70	16.61	16.52	16.43	16.32	16.22	16.11	16.01	15.89	15.78	15.66	15.53	15.41	15.28	15.14	15.00	14.85	14.70	15.28
25	16.98		16.98	16.98	16.88	16.79	16.68	16.57	16.47	16.36	16.24	16.12	16.00	15.87	15.74	15.61	15.47	15.33	15.18	15.02	14.85	15.47
26	17.27		17.27	17.27	17.17	17.07	16.96	16.85	16.74	16.62	16.49	16.37	16.24	16.11	15.97	15.83	15.68	15.53	15.37	15.21	15.04	15.68
27	17.58		17.58	17.58	17.47	17.36	17.25	17.13	17.01	16.89	16.76	16.63	16.49	16.35	16.21	16.06	15.89	15.73	15.56	15.39	15.21	15.89
28	17.90		17.90	17.90	17.79	17.66	17.54	17.42	17.29	17.16	17.03	16.89	16.74	16.59	16.44	16.28	16.11	15.93	15.76	15.58	15.39	16.11
29	18.23		18.23	18.23	18.11	17.99	17.87	17.74	17.60	17.46	17.32	17.17	17.01	16.85	16.69	16.52	16.34	16.16	15.98	15.79	15.59	16.34
30	18.59		18.59	18.59	18.46	18.33	18.20	18.06	17.92	17.77	17.62	17.46	17.30	17.12	16.95	16.77	16.58	16.39	16.20	16.00	15.79	16.58
31	18.96		18.96	18.96	18.81	18.68	18.54	18.39	18.24	18.08	17.92	17.76	17.58	17.39	17.21	17.02	16.83	16.62	16.42	16.21	15.98	16.83
32	19.34		19.34	19.34	19.20	19.05	18.90	18.75	18.59	18.42	18.25	18.06	17.88	17.69	17.50	17.30	17.09	16.88	16.65	16.42	16.20	17.09
33	19.75		19.75	19.75	19.60	19.45	19.29	19.12	18.94	18.77	18.58	18.40	18.20	18.00	17.79	17.57	17.35	17.13	16.90	16.66	16.42	17.35
34	20.18		20.18	20.18	20.02	19.85	19.68	19.50	19.32	19.14	18.94	18.74	18.52	18.31	18.09	17.87	17.64	17.39	17.15	16.90	16.65	17.64
35	20.62		20.62	20.62	20.45	20.28	20.10	19.91	19.72	19.52	19.30	19.09	18.87	18.64	18.41	18.17	17.92	17.67	17.42	17.16	16.88	17.92
36	21.09		21.09	21.09	20.91	20.72	20.53	20.33	20.13	19.90	19.69	19.46	19.23	18.99	18.73	18.48	18.23	17.96	17.69	17.41	17.13	18.23
37	21.59		21.59	21.59	21.39	21.19	20.98	20.77	20.55	20.32	20.08	19.84	19.60	19.34	19.07	18.81	18.54	18.26	17.97	17.68	17.39	18.54
38	22.10		22.10	22.10	21.89	21.68	21.46	21.23	20.99	20.75	20.50	20.25	19.98	19.71	19.43	19.15	18.86	18.57	18.27	17.97	17.65	18.86
39	22.65		22.65	22.65	22.43	22.20	21.96	21.72	21.47	21.21	20.94	20.67	20.40	20.10	19.81	19.52	19.21	18.90	18.59	18.26	17.94	19.21
40	23.22		23.22	23.22	22.98	22.74	22.49	22.22	21.96	21.69	21.41	21.11	20.82	20.52	20.20	19.89	19.57	19.24	18.91	18.57	18.22	19.57
41	23.83		23.83	23.83	23.58	23.31	23.04	22.77	22.48	22.19	21.89	21.58	21.27	20.95	20.62	20.29	19.95	19.60	19.25	18.90	18.53	19.95
42	24.47		24.47	24.47	24.20	23.92	23.63	23.33	23.03	22.72	22.40	22.08	21.75	21.40	21.06	20.71	20.35	19.99	19.61	19.24	18.85	20.35
43	25.14		25.14	25.14	24.85	24.54	24.24	23.93	23.60	23.27	22.94	22.58	22.24	21.87	21.51	21.14	20.76	20.38	19.98	19.58	19.17	20.76
44	25.85		25.85	25.85	25.54	25.21	24.89	24.56	24.21	23.86	23.49	23.13	22.76	22.37	21.99	21.59	21.20	20.78	20.37	19.95	19.52	21.20
45	26.60		26.60	26.60	26.28	25.93	25.58	25.22	24.86	24.48	24.10	23.71	23.31	22.91	22.50	22.08	21.66	21.22	20.79	20.34	19.88	21.66
46	27.39		27.39	27.39	27.03	26.67	26.29	25.91	25.52	25.13	24.72	24.31	23.88	23.46	23.02	22.57	22.13	21.67	21.21	20.73	20.24	22.13
47	28.22		28.22	28.22	27.83	27.45	27.04	26.64	26.22	25.80	25.37	24.92	24.48	24.03	23.57	23.10	22.61	22.13	21.64	21.13	20.62	22.61
48	29.09		29.09	29.09	28.69	28.27	27.84	27.41	26.96	26.52	26.06	25.59	25.12	24.63	24.14	23.64	23.13	22.61	22.08	21.55	21.01	23.13
49	30.01		30.01	30.01	29.57	29.14	28.68	28.21	27.75	27.26	26.77	26.28	25.77	25.26	24.74	24.21	23.66	23.11	22.55	21.98	21.41	23.66
50	30.98		30.98	30.98	30.52	30.04	29.56	29.06	28.56	28.04	27.53	27.00	26.46	25.91	25.35	24.78	24.21	23.62	23.03	22.42	21.81	24.21
51	32.00		32.00	32.00	31.50	30.99	30.47	29.95	29.41	28.87	28.31	27.74	27.17	26.58	25.99	25.38	24.76	24.15	23.51	22.87	22.22	24.76
52	33.07		33.07	33.07	32.53	31.99	31.43	30.87	30.30	29.72	29.13	28.53	27.91	27.29	26.65	26.01	25.35	24.67	24.00	23.32	22.63	25.35
53	34.20		34.20	34.20	33.63	33.05	32.46	31.85	31.24	30.62	29.99	29.34	28.67	28.01	27.33	26.64	25.94	25.23	24.52	23.78	23.05	25.94
54	35.38		35.38	35.38	34.77	34.15	33.52	32.87	32.22	31.55	30.86	30.18	29.47	28.76	28.04	27.29	26.55	25.80	25.04	24.26	23.49	26.55
55	36.63		36.63	36.63	35.98	35.31	34.63	33.94	33.23	32.52	31.80	31.05	30.30	29.54	28.75	27.97	27.18	26.37	25.56	24.74	23.92	27.18
56	37.95		37.95	37.95	37.24	36.52	35.80	35.06	34.30	33.53	32.75	31.96	31.14	30.33	29.50	28.66	27.81	26.96	26.09	25.23	24.36	27.81
57	39.33		39.33	39.33	38.57	37.81	37.02	36.23	35.41	34.59	33.75	32.89	32.04	31.16	30.28	29.38	28.47	27.55	26.65	25.73	24.80	28.47
58	40.80		40.80	40.80	39.98	39.15	38.31	37.45	36.58	35.70	34.79	33.88	32.95	32.02	31.07	30.11	29.15	28.18	27.21	26.23	25.26	29.15
59	42.34		42.34	42.34	41.46	40.58	39.67	38.74	37.80	36.85	35.88	34.89	33.90	32.90	31.88	30.87	29.84	28.81	27.78	26.75	25.72	29.84
60	43.98		43.98	43.98	43.04	42.07	41.09	40.10	39.08	38.05	37.01	35.96	34.90	33.82	32.74	31.66	30.56	29.47	28.38	27.28	26.18	30.56
61	45.71		45.71	45.71	44.69	43.65	42.60	41.51	40.43	39.31	38.20	37.07	35.93	34.78	33.62	32.47	31.30	30.15	28.98	27.81	26.65	31.30
62	47.56		47.56	47.56	46.45	45.33	44.18	43.01	41.84	40.65	39.44	38.24	37.01	35.78	34.55	33.31	32.08	30.84	29.60	28.36	27.13	32.08
63	49.52		49.52	49.52	48.32	47.10	45.86	44.60	43.33	42.05	40.76	39.45	38.15	36.83	35.52	34.20	32.87	31.55	30.23	28.92	27.62	32.87
64	51.61		51.61	51.61	50.30	48.98	47.65	46.29	44.92	43.54	42.14	40.74	39.34	37.93	36.53	35.11	33.71	32.29	30.90	29.50		

Table 6  
Policy Form: 01-1121-08, Male Tobacco/Juvenile

Actual Surrender Charge=====																			
Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
20	15.24	15.24	15.24	15.24	15.24	14.22	13.21	12.19	11.17	10.17	9.14	8.12	7.12	6.10	5.07	4.07	3.05	2.03	1.02
21	15.49	15.49	15.49	15.49	15.49	14.45	13.43	12.39	11.35	10.33	9.29	8.25	7.23	6.19	5.16	4.13	3.10	2.06	1.04
22	15.75	15.75	15.75	15.75	15.75	14.69	13.66	12.60	11.54	10.51	9.45	8.39	7.36	6.30	5.24	4.21	3.15	2.09	1.06
23	15.97	15.97	15.97	15.97	15.97	14.90	13.85	12.78	11.71	10.65	9.58	8.51	7.46	6.39	5.32	4.26	3.19	2.12	1.07
24	16.22	16.22	16.22	16.22	16.22	15.13	14.06	12.98	11.89	10.82	9.73	8.65	7.57	6.49	5.40	4.33	3.24	2.16	1.09
25	16.47	16.47	16.47	16.47	16.47	15.37	14.28	13.18	12.07	10.99	9.88	8.78	7.69	6.59	5.48	4.40	3.29	2.19	1.10
26	16.58	16.58	16.58	16.58	16.58	15.47	14.37	13.26	12.15	11.06	9.95	8.84	7.74	6.63	5.52	4.43	3.32	2.21	1.11
27	16.89	16.89	16.89	16.89	16.89	15.76	14.64	13.51	12.38	11.27	10.13	9.00	7.89	6.76	5.62	4.51	3.38	2.25	1.13
28	17.23	17.23	17.23	17.23	17.23	16.08	14.94	13.78	12.63	11.49	10.34	9.18	8.05	6.89	5.74	4.60	3.45	2.29	1.15
29	17.57	17.57	17.57	17.57	17.57	16.40	15.24	14.06	12.88	11.72	10.54	9.37	8.21	7.03	5.85	4.69	3.51	2.34	1.18
30	17.85	17.85	17.85	17.85	17.85	16.65	15.48	14.28	13.08	11.91	10.71	9.51	8.34	7.14	5.94	4.77	3.57	2.37	1.20
31	18.21	18.21	18.21	18.21	18.21	16.99	15.79	14.57	13.35	12.15	10.93	9.71	8.51	7.28	6.06	4.86	3.64	2.42	1.22
32	18.57	18.57	18.57	18.57	18.57	17.33	16.10	14.86	13.61	12.39	11.14	9.90	8.67	7.43	6.19	4.96	3.71	2.47	1.24
33	18.94	18.94	18.94	18.94	18.94	17.67	16.42	15.15	13.88	12.63	11.36	10.09	8.84	7.57	6.31	5.06	3.79	2.52	1.27
34	19.30	19.30	19.30	19.30	19.30	18.01	16.73	15.44	14.15	12.87	11.58	10.29	9.01	7.72	6.43	5.15	3.86	2.57	1.29
35	19.66	19.66	19.66	19.66	19.66	18.34	17.05	15.73	14.41	13.11	11.80	10.48	9.18	7.86	6.55	5.25	3.93	2.61	1.32
36	20.11	20.11	20.11	20.11	20.11	18.77	17.44	16.09	14.74	13.42	12.07	10.72	9.39	8.05	6.70	5.37	4.02	2.68	1.35
37	20.57	20.57	20.57	20.57	20.57	19.19	17.83	16.45	15.08	13.72	12.34	10.96	9.61	8.23	6.85	5.49	4.11	2.74	1.38
38	21.02	21.02	21.02	21.02	21.02	19.61	18.23	16.82	15.41	14.02	12.61	11.20	9.82	8.41	7.00	5.61	4.20	2.80	1.41
39	21.48	21.48	21.48	21.48	21.48	20.04	18.62	17.18	15.74	14.32	12.89	11.45	10.03	8.59	7.15	5.73	4.30	2.86	1.44
40	21.93	21.93	21.93	21.93	21.93	20.46	19.01	17.54	16.07	14.63	13.16	11.69	10.24	8.77	7.30	5.86	4.39	2.92	1.47
41	22.51	22.51	22.51	22.51	22.51	21.00	19.52	18.01	16.50	15.01	13.51	12.00	10.51	9.00	7.50	6.01	4.50	2.99	1.51
42	23.02	23.02	23.02	23.02	23.02	21.48	19.96	18.42	16.87	15.35	13.81	12.27	10.75	9.21	7.67	6.15	4.60	3.06	1.54
43	23.65	23.65	23.65	23.65	23.65	22.07	20.50	18.92	17.34	15.77	14.19	12.61	11.04	9.46	7.88	6.31	4.73	3.15	1.58
44	24.25	24.25	24.25	24.25	24.25	22.63	21.02	19.40	17.78	16.17	14.55	12.93	11.32	9.70	8.08	6.47	4.85	3.23	1.62
45	24.83	24.83	24.83	24.83	24.83	23.17	21.53	19.86	18.20	16.56	14.90	13.23	11.60	9.93	8.27	6.63	4.97	3.30	1.66
46	25.56	25.56	25.56	25.56	25.56	23.85	22.16	20.45	18.74	17.05	15.34	13.62	11.94	10.22	8.51	6.82	5.11	3.40	1.71
47	26.27	26.27	26.27	26.27	26.27	24.51	22.78	21.02	19.26	17.52	15.76	14.00	12.27	10.51	8.75	7.01	5.25	3.49	1.76
48	27.02	27.02	27.02	27.02	27.02	25.21	23.43	21.62	19.81	18.02	16.21	14.40	12.62	10.81	9.00	7.21	5.40	3.59	1.81
49	27.80	27.80	27.80	27.80	27.80	25.94	24.10	22.24	20.38	18.54	16.68	14.82	12.98	11.12	9.26	7.42	5.56	3.70	1.86
50	28.57	28.57	28.57	28.57	28.57	26.66	24.77	22.86	20.94	19.06	17.14	15.23	13.34	11.43	9.51	7.63	5.71	3.80	1.91
51	29.47	29.47	29.47	29.47	29.47	27.50	25.55	23.58	21.60	19.66	17.68	15.71	13.76	11.79	9.81	7.87	5.89	3.92	1.97
52	30.37	30.37	30.37	30.37	30.37	28.34	26.33	24.30	22.26	20.26	18.22	16.19	14.18	12.15	10.11	8.11	6.07	4.04	2.03
53	31.31	31.31	31.31	31.31	31.31	29.21	27.15	25.05	22.95	20.88	18.79	16.69	14.62	12.52	10.43	8.36	6.26	4.16	2.10
54	32.30	32.30	32.30	32.30	32.30	30.14	28.00	25.84	23.68	21.54	19.38	17.22	15.08	12.92	10.76	8.62	6.46	4.30	2.16
55	33.30	33.30	33.30	33.30	33.30	31.07	28.87	26.64	24.41	22.21	19.98	17.75	15.55	13.32	11.09	8.89	6.66	4.43	2.23
56	35.23	34.28	33.36	32.41	31.46	29.38	27.27	25.19	23.08	21.00	18.88	16.77	14.69	12.58	10.50	8.38	6.31	4.19	2.11
57	37.16	36.16	35.19	34.19	33.18	30.99	28.76	26.57	24.34	22.15	19.92	17.69	15.50	13.27	11.07	8.84	6.65	4.42	2.23
58	39.09	38.03	37.02	35.96	34.91	32.60	30.26	27.95	25.60	23.30	20.95	18.61	16.30	13.96	11.65	9.30	7.00	4.65	2.35
59	41.02	39.91	38.85	37.74	36.63	34.21	31.75	29.33	26.87	24.45	21.99	19.53	17.11	14.64	12.22	9.76	7.34	4.88	2.46
60	42.95	41.79	40.67	39.51	38.35	35.82	33.24	30.71	28.13	25.60	23.02	20.44	17.91	15.33	12.80	10.22	7.69	5.11	2.58
61	44.71	43.32	41.89	40.46	38.99	36.39	33.80	31.21	28.61	25.98	23.38	20.79	18.20	15.60	13.01	10.42	7.78	5.19	2.59
62	46.47	45.03	43.54	42.06	40.52	37.83	35.13	32.44	29.74	27.00	24.30	21.61	18.91	16.22	13.52	10.83	8.09	5.39	2.70
63	48.34	46.84	45.29	43.75	42.15	39.35	36.55	33.74	30.94	28.09	25.28	22.48	19.67	16.87	14.07	11.26	8.41	5.61	2.80
64	50.33	48.77	47.16	45.55	43.89	40.97	38.05	35.13	32.21	29.24	26.32	23.40	20.48	17.57	14.65	11.73	8.76	5.84	2.92
65	52.37	50.75	49.07	47.39	45.67	42.63	39.59	36.55	33.52	30.43	27.39	24.35	21.31	18.28	15.24	12.20	9.11	6.07	3.04
66	53.51	51.42	49.39	47.35	45.32	42.27	39.27	36.22	33.23	30.18	27.18	24.18	21.13	18.14	15.09	12.09	9.04	6.05	3.00
67	54.64	52.51	50.43	48.36	46.28	43.17	40.11	36.99	33.93	30.82	27.76	24.70	21.58	18.52	15.41	12.35	9.23	6.17	3.06
68	55.78	53.60	51.48	49.36	47.24	44.06	40.94	37.76	34.64	31.46	28.34	25.21	22.03	18.91	15.73	12.61	9.43	6.30	3.12
69	56.91	54.69	52.53	50.37	48.21	44.96	41.77	38.53	35.34	32.10	28.91	25.73	22.48	19.29	16.05	12.86	9.62	6.43	3.19
70	58.05	55.79	53.58	51.37	49.17	45.86	42.61	39.30	36.05	32.74	29.49	26.24	22.93	19.68	16.37	13.12	9.81	6.56	3.25
71	57.97	55.31	52.70	50.09	47.60	44.41	41.22	38.03	34.90	31.71	28.52	25.39	22.20	19.02	15.88	12.70	9.51	6.32	3.19
72	57.90	55.23	52.63	50.02	47.53	44.35	41.17	37.98	34.85	31.67	28.49	25.36	22.17	18.99	15.86	12.68	9.50	6.31	3.18
73	57.82	55.16	52.56	49.96	47.47	44.29	41.11	37.93	34.81	31.63	28.45	25.33	22.15	18.97	15.84	12.66	9.48	6.30	3.18
74	57.75	55.09	52.49	49.89	47.41	44.23	41.06	37.88	34.76	31.59	28.41	25.29	22.12	18.94	15.82	12.65	9.47	6.29	3.18
75	57.67	55.02	52.42	49.83	47.35	44.18	41.00	37.83	34.72	31.55	28.37	25.26	22.09	18.92	15.80	12.63	9.46	6.29	3.17
76	57.58	54.64	51.76	49.00	46.35	43.13	40.07	36.97	33.91	30.80	27.75	24.64	21.59	18.48	15.43	12.32	9.27	6.16	3.11
77	57.49	54.55	51.68	48.92	46.28	43.06	40.01	36.91	33.86	30.76	27.71	24.60	21.56	18.45	15.41	12.30	9.26	6.15	3.10
78	57.39	54.47	51.60	48.84	46.20	42.99	39.95	36.85	33.81	30.71	27.66	24.56	21.52	18.42	15.38	12.28	9.24	6.14	3.10
79	57.30	54.38	51.51	48.76	46.13	42.92	39.88	36.79	33.75	30.66	27.62	24.53	21.49	18.39	15.36	12.26	9.23	6.13	3.09
80	57.21	54.29	51.43	48.69	46.05	42.85	39.82	36.73	33.70	30.61	27.58	24.49	21.45	18.36	15.33	12.24	9.21	6.1	

Table 6  
Policy Form: 01-1121-08, Female Preferred  
Maximum Less Actual Surrender Charge

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
20	0.46	0.39	0.32	0.24	0.16	1.10	2.03	2.96	3.89	4.80	5.72	6.64	7.55	8.46	9.37	10.26	11.17	12.06	13.54
21	0.45	0.38	0.30	0.22	0.14	1.08	2.02	2.96	3.91	4.83	5.77	6.69	7.61	8.53	9.46	10.36	11.27	12.17	13.69
22	0.43	0.35	0.27	0.18	0.09	1.06	2.00	2.96	3.92	4.85	5.80	6.74	7.66	8.60	9.53	10.44	11.37	12.29	13.84
23	0.46	0.37	0.29	0.20	0.10	1.08	2.03	3.00	3.96	4.90	5.86	6.81	7.75	8.69	9.63	10.55	11.49	12.41	14.01
24	0.48	0.39	0.30	0.21	0.10	1.09	2.05	3.04	4.00	4.96	5.93	6.88	7.83	8.79	9.74	10.67	11.60	12.54	14.19
25	0.51	0.41	0.32	0.21	0.10	1.11	2.08	3.07	4.05	5.02	5.99	6.96	7.92	8.88	9.84	10.78	11.72	12.66	14.36
26	0.69	0.59	0.49	0.38	0.27	1.27	2.24	3.23	4.22	5.18	6.16	7.13	8.09	9.05	10.01	10.94	11.89	12.83	14.57
27	0.69	0.58	0.47	0.36	0.24	1.25	2.25	3.25	4.25	5.22	6.21	7.20	8.17	9.14	10.11	11.05	12.01	12.96	14.76
28	0.67	0.56	0.43	0.31	0.19	1.22	2.22	3.25	4.26	5.25	6.25	7.25	8.23	9.22	10.20	11.16	12.14	13.10	14.96
29	0.66	0.54	0.42	0.30	0.17	1.20	2.22	3.26	4.28	5.29	6.31	7.33	8.31	9.31	10.31	11.29	12.27	13.25	15.16
30	0.74	0.61	0.48	0.35	0.21	1.27	2.29	3.34	4.37	5.39	6.41	7.44	8.44	9.44	10.45	11.43	12.43	13.41	15.38
31	0.74	0.60	0.47	0.33	0.18	1.25	2.29	3.35	4.41	5.43	6.47	7.51	8.52	9.55	10.55	11.55	12.56	13.56	15.61
32	0.77	0.63	0.48	0.33	0.18	1.26	2.31	3.39	4.45	5.49	6.55	7.60	8.62	9.66	10.69	11.69	12.71	13.73	15.84
33	0.81	0.66	0.51	0.35	0.18	1.28	2.36	3.43	4.52	5.57	6.64	7.69	8.73	9.78	10.82	11.84	12.87	13.90	16.08
34	0.88	0.72	0.56	0.39	0.20	1.32	2.41	3.50	4.59	5.65	6.73	7.80	8.86	9.92	10.97	12.00	13.04	14.08	16.34
35	0.96	0.79	0.62	0.44	0.25	1.37	2.47	3.58	4.68	5.76	6.84	7.93	8.99	10.06	11.12	12.17	13.22	14.27	16.60
36	0.98	0.80	0.61	0.42	0.21	1.36	2.46	3.60	4.72	5.81	6.92	8.01	9.09	10.18	11.26	12.32	13.39	14.45	16.88
37	1.02	0.83	0.62	0.41	0.20	1.36	2.49	3.63	4.76	5.88	6.99	8.11	9.21	10.31	11.41	12.48	13.57	14.65	17.16
38	1.08	0.87	0.66	0.44	0.20	1.38	2.53	3.68	4.84	5.96	7.10	8.22	9.33	10.45	11.57	12.66	13.76	14.86	17.46
39	1.17	0.95	0.73	0.49	0.24	1.43	2.59	3.76	4.93	6.07	7.22	8.36	9.49	10.62	11.75	12.85	13.97	15.08	17.78
40	1.29	1.05	0.81	0.56	0.29	1.50	2.67	3.86	5.04	6.19	7.36	8.51	9.65	10.79	11.94	13.05	14.18	15.31	18.10
41	1.32	1.07	0.80	0.53	0.26	1.48	2.68	3.88	5.08	6.26	7.44	8.63	9.78	10.94	12.11	13.24	14.39	15.54	18.44
42	1.45	1.18	0.90	0.61	0.31	1.55	2.76	3.99	5.21	6.39	7.59	8.79	9.95	11.14	12.32	13.47	14.63	15.79	18.81
43	1.49	1.20	0.89	0.59	0.28	1.54	2.77	4.02	5.25	6.46	7.68	8.91	10.09	11.30	12.50	13.67	14.85	16.03	19.18
44	1.60	1.29	0.96	0.64	0.31	1.59	2.83	4.09	5.35	6.58	7.82	9.06	10.27	11.50	12.71	13.89	15.10	16.29	19.57
45	1.77	1.45	1.10	0.75	0.39	1.69	2.95	4.23	5.51	6.75	8.01	9.26	10.49	11.72	12.95	14.16	15.37	16.58	19.99
46	1.83	1.47	1.11	0.73	0.35	1.68	2.97	4.27	5.57	6.83	8.12	9.40	10.64	11.90	13.16	14.38	15.62	16.84	20.42
47	1.95	1.56	1.18	0.77	0.37	1.71	3.02	4.35	5.67	6.96	8.27	9.56	10.83	12.10	13.38	14.63	15.88	17.12	20.85
48	2.07	1.67	1.25	0.82	0.39	1.75	3.09	4.44	5.79	7.09	8.42	9.74	11.02	12.32	13.61	14.87	16.14	17.42	21.32
49	2.21	1.77	1.34	0.88	0.41	1.81	3.16	4.53	5.90	7.23	8.58	9.92	11.22	12.54	13.85	15.13	16.42	17.71	21.80
50	2.41	1.95	1.47	0.99	0.49	1.91	3.27	4.67	6.06	7.40	8.77	10.13	11.44	12.78	14.10	15.40	16.71	18.01	22.29
51	2.53	2.03	1.52	1.00	0.48	1.91	3.32	4.73	6.14	7.52	8.90	10.29	11.62	12.98	14.33	15.64	16.97	18.30	22.79
52	2.70	2.16	1.62	1.06	0.50	1.97	3.38	4.83	6.27	7.65	9.06	10.46	11.82	13.20	14.56	15.90	17.25	18.59	23.31
53	2.89	2.32	1.74	1.15	0.54	2.02	3.47	4.94	6.39	7.79	9.23	10.64	12.02	13.42	14.80	16.16	17.52	18.89	23.84
54	3.08	2.47	1.85	1.22	0.57	2.08	3.54	5.02	6.51	7.93	9.38	10.82	12.21	13.63	15.04	16.41	17.80	19.19	24.39
55	3.33	2.68	2.01	1.33	0.64	2.16	3.65	5.16	6.65	8.09	9.56	11.00	12.42	13.86	15.28	16.67	18.08	19.49	24.95
56	2.72	2.96	3.16	3.39	3.60	4.92	6.26	7.56	8.88	10.15	11.45	12.74	13.97	15.24	16.46	17.71	18.92	20.17	25.70
57	2.17	2.41	2.62	2.83	3.04	4.42	5.82	7.18	8.55	9.89	11.24	12.59	13.88	15.21	16.48	17.80	19.08	20.38	26.24
58	1.71	1.95	2.14	2.35	2.54	3.98	5.44	6.84	8.28	9.66	11.06	12.46	13.81	15.19	16.53	17.91	19.24	20.61	26.80
59	1.32	1.55	1.73	1.93	2.11	3.59	5.10	6.55	8.02	9.45	10.91	12.36	13.77	15.20	16.59	18.02	19.41	20.84	27.38
60	1.03	1.25	1.39	1.57	1.74	3.26	4.81	6.30	7.83	9.30	10.80	12.30	13.75	15.23	16.67	18.16	19.59	21.07	27.99
61	1.00	1.37	1.76	2.13	2.52	4.03	5.51	6.99	8.45	9.95	11.39	12.83	14.27	15.70	17.13	18.56	20.03	21.46	28.71
62	1.09	1.42	1.78	2.12	2.49	4.01	5.52	7.01	8.49	10.01	11.48	12.94	14.40	15.86	17.32	18.77	20.28	21.74	29.38
63	1.18	1.48	1.81	2.11	2.45	3.98	5.51	7.02	8.51	10.06	11.55	13.04	14.52	16.00	17.49	18.97	20.51	22.01	30.07
64	1.28	1.53	1.82	2.10	2.40	3.95	5.49	7.01	8.53	10.09	11.61	13.12	14.63	16.14	17.65	19.17	20.75	22.32	30.79
65	1.47	1.67	1.91	2.14	2.40	3.95	5.50	7.04	8.58	10.16	11.69	13.22	14.75	16.28	17.82	19.38	21.02	22.66	31.52
66	2.71	3.26	3.74	4.19	4.64	6.09	7.48	8.92	10.30	11.73	13.11	14.50	15.92	17.32	18.78	20.22	21.77	23.30	32.46
67	4.12	4.57	4.96	5.33	5.69	7.08	8.41	9.79	11.11	12.49	13.81	15.13	16.52	17.86	19.32	20.77	22.31	23.84	33.33
68	2.51	2.96	3.34	3.71	4.07	5.48	6.83	8.23	9.57	10.98	12.33	13.69	15.13	16.55	18.08	19.59	21.21	22.81	32.34
69	1.31	1.73	2.09	2.44	2.78	4.20	5.57	6.98	8.34	9.76	11.13	12.52	14.02	15.51	17.10	18.68	20.34	22.01	31.61
70	0.10	0.50	0.84	1.18	1.50	2.92	4.29	5.72	7.09	8.52	9.92	11.38	12.94	14.48	16.13	17.75	19.49	21.26	30.91
71	0.11	0.84	1.51	2.19	2.73	3.98	5.23	6.48	7.67	8.96	10.29	11.62	13.04	14.51	15.98	17.53	19.20	20.96	30.34
72	0.10	0.78	1.37	1.97	2.46	3.63	4.81	6.00	7.16	8.42	9.74	11.05	12.47	13.92	15.37	16.98	18.68	20.46	29.73
73	0.11	0.69	1.22	1.74	2.16	3.27	4.38	5.52	6.66	7.91	9.21	10.50	11.89	13.34	14.84	16.48	18.21	19.91	29.13
74	0.10	0.61	1.06	1.51	1.84	2.88	3.94	5.07	6.19	7.41	8.70	9.96	11.34	12.83	14.36	16.03	17.68	19.26	28.59
75	0.10	0.52	0.89	1.25	1.51	2.49	3.54	4.64	5.73	6.93	8.19	9.44	10.86	12.38	13.94	15.53	17.04	18.58	28.13
76	0.10	0.72	1.29	1.75	2.12	3.13	4.04	5.04	6.06	7.17	8.29	9.58	10.92	12.41	13.81	15.20	16.56	18.08	27.78
77	0.10	0.63	1.11	1.50	1.84	2.82	3.69	4.67	5.64	6.73	7.89	9.22	10.57	11.97	13.22	14.57	15.96	17.62	27.32
78	0.10	0.52	0.93	1.29	1.60	2.53	3.36	4.30	5.24	6.37	7.57	8.92	10.17	11.40	12.61	13.99	15.52	17.35	26.72
79	0.09	0.44	0.81	1.12	1.38	2.28	3.06	3.97	4.95	6.11	7.31	8.54	9.63	10.82	12.06	13.58	15.28	17.31	26.12
80	0.10	0.40	0.72	0.98	1.20	2.04	2.79	3.73	4.74	5.91	6.99	8.05	9.08	10.30	11.68	13.39	15.29	17.31	25.57

# NATIONAL WESTERN LIFE INSURANCE COMPANY

A Stock Company

EXECUTIVE OFFICE, AUSTIN, TEXAS  
HOME OFFICE, DENVER, COLORADO

INSURED

POLICY NUMBER

POLICY DATE

ISSUE AGE

OWNER

**NATIONAL WESTERN LIFE INSURANCE COMPANY** is called "we", "our", or "us". We will pay the Death Benefit Proceeds to the Beneficiary when we receive due proof of the Insured's death, while coverage is in force under the policy. All benefits are subject to the conditions and provisions of the policy.

## YOUR COVERAGE

This policy is issued in consideration of the application and the payment of the first premium when due. The policy and the application are the entire contract. The policy and the application attached to the policy are your evidence of coverage under the policy. The application is part of the policy and the policy was issued on the basis that all the answers to all the questions and the information shown on the application are correct and complete. Statements made in the application are representations and not warranties. No statement will be used by us to defend a claim or act to void your coverage evidenced by this policy, unless the statement is in a signed application. Only our officers may change your coverage evidenced by this policy or waive a right or requirement. No agent may do this. A change or waiver must be in writing.


## RIGHT TO CANCEL

You may cancel this policy by delivering or mailing a written notice or sending a telegram to us in Austin, Texas 78752-1602 or to our authorized agent. You must return the policy to us or our authorized agent before midnight of the twentieth day after the date you receive it. Notice given by mail and return of the policy by mail are effective on being postmarked, properly addressed, and postage prepaid. We must return all premiums paid for this policy within ten days after we receive notice to cancel and the returned policy.

Signed at our office in Austin, Texas as of the Policy Date.



Secretary



President

## READ YOUR POLICY CAREFULLY

This policy is a FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY WITH EQUITY INDEX OPTIONS. The ADJUSTABLE DEATH BENEFIT is payable upon death of the Insured. Premiums are payable until the Insured's age 100. Changed to age 121 Monthly Deductions will be made. NONPARTICIPATING. THIS IS ONLY A BRIEF DESCRIPTION OF THE POLICY. INSURANCE IS FULLY DESCRIBED IN VARIOUS PROVISIONS OF THE POLICY.

**NOTICE TO OWNER:** If you have questions or need information about this policy or if you need assistance in resolving a complaint, please call us at: 1-800-922-9422.

This policy is a legal contract between you and us.

## POLICY SUMMARY

This flexible premium adjustable life insurance policy provides life insurance as long as this policy remains in force. The amount of life insurance coverage and premium payments is adjustable as provided herein. The Account Balance is accumulated from the payment of premiums, the crediting of interest and deductions for cost of insurance, expenses, and rider costs. The Cash Value is available for full surrender, partial surrender, and Loans. Any Index Interest is linked in part to the values of the Standard & Poor's 500<sup>®</sup> Composite Stock Price Index (which excludes dividends). The policy does not participate in any stock, bond, or equity investments.

"Standard and Poor's<sup>®</sup>", "S&P<sup>®</sup>", "S&P 500<sup>®</sup>", "Standard and Poor's 500<sup>®</sup>" and "500" are trademarks of The McGraw-Hill Companies, Inc. and have been licensed for use by National Western Life Insurance Company. The product is not sponsored, endorsed, sold or promoted by Standard and Poor's and Standard and Poor's makes no representation regarding the advisability of purchasing this product.

This is only a brief description. The insurance is fully described in various provisions of the policy.

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## POLICY SPECIFICATIONS

NATIONAL WESTERN LIFE INSURANCE COMPANY  
850 EAST ANDERSON LANE, AUSTIN, TEXAS 78752-1602  
1-800-922-9422

<b>INSURED</b>	JOHN DOE	0100012345	<b>POLICY NUMBER</b>
<b>POLICY DATE</b>	MAY 1, 2005	35 MALE	<b>ISSUE AGE AND SEX</b>
<b>FACE AMOUNT</b>	\$100,000	THE INSURED	<b>OWNER</b>
<b>BENEFICIARY</b>	AS DESIGNATED IN THE APPLICATION FOR THE POLICY UNLESS CHANGED AS OTHERWISE PROVIDED IN THIS POLICY.		

SCHEDULE OF PREMIUMS		ANNUAL	SEMI - ANNUAL	QUARTERLY	MONTHLY	SPECIAL MONTHLY
PLANNED PERIODIC PREMIUM		\$2,510.03				
PREMIUM CLASS				PREMIUM PAYMENT METHOD		
NON - TOBACCO				ANNUAL		
THE TOTAL PREMIUMS INCLUDE THE CHARGE FOR THE ADDITIONAL BENEFITS						
FORM	DESCRIPTION OF BENEFITS			BENEFIT AMOUNT	PREMIUMS	
					YEARS PAYABLE	ANNUAL AMOUNT

01-1140-05	<b>FLEXIBLE PREMIUM LIFE – INITIAL FACE AMOUNT</b> <b>DEATH BENEFIT OPTION 1</b> MAXIMUM PERCENT OF PREMIUM CHARGE – 10% ALL POLICY YEARS MAXIMUM MONTHLY EXPENSE CHARGE - \$ 12.50 ALL POLICY YEARS MAXIMUM MONTHLY ADMINISTRATIVE RATE – [ \$ .10 ] PER 1,000 OF FACE AMOUNT INTEREST RATE BONUS – [0.5%] LOAN INTEREST RATE – [5.94%] NO LAPSE GUARANTEE PERIOD – [20] YEARS MINIMUM MONTHLY CONTINUATION PREMIUM -- \$61.00 MINIMUM FACE AMOUNT - \$100,000.00	\$100,000		FLEXIBLE
01-3048(REV.01/05)	CHILDREN'S TERM LIFE INSURANCE RIDER	\$5,000	1	\$30.00
01-3049	SPOUSE TERM INSURANCE RIDER	\$20,000	1	\$72.00
01-3073-05	TOTAL DISABILITY PREMIUM PAYMENT RIDER	\$1,250		SEE RIDER
01-3046	WAIVER OF MONTHLY DEDUCTION DISABILITY BENEFIT RIDER			SEE RIDER
01-3045(REV.06/01)	ACCIDENTAL DEATH BENEFIT RIDER	\$100,000		SEE RIDER
01-3071-96	LIVING BENEFIT RIDER			SEE RIDER
01-3099-01	TERM INSURANCE RIDER	\$25,000	1	\$35.75
01-3098-01	OTHER INSURED RIDER	\$100,000	1	\$143.00
01-3118-05	LIFETIME NO LAPSE PREMIUM RIDER			\$240.00
01-3119-05	LIFETIME NO LAPSE MINIMUM MONTHLY PREMIUM [ 87.08 ]			
	PAID UP RIDER			
	MINIMUM LOAN PERCENTAGE [95.50%]			
	MINIMUM AGE [75]			
	MINIMUM POLICY DURATION [15 YEARS]			
	ONE TIME CHARGE [4.00%]			
	OPTION A PARTICIPATION RATE FOR THE FIRST POLICY YEAR [ 100% ]			
	MINIMUM OPTION A PARTICIPATION RATE 25%			
	OPTION D MONTHLY INDEX CAP RATE [ 2.00% ]			
	MINIMUM OPTION D MONTHLY INDEX CAP RATE 1.00%			
	INDEX DATES [ JANUARY 10th, APRIL 10th, JULY 10th, OCTOBER 10th ]			
	SELECTIONS FOR THE 1 <sup>ST</sup> INDEX DATE:			
	INDEX INTEREST CREDIT OPTION A [50%]			
	INDEX INTEREST CREDIT OPTION D [50%]			
	FIXED INTEREST AMOUNT [ 0%]			

MONTHLY MAXIMUM COST OF INSURANCE RATES  
POLICY FORM NO. 01-1140-05

POLICY YEAR	RATE PER \$ 1,000.00	POLICY YEAR	RATE PER \$ 1,000.00
1	0.1442	36	3.0458
2	0.1517	37	3.3775
3	0.1617	38	3.7600
4	0.1725	39	4.1933
5	0.1842	40	4.6700
6	0.1983	41	5.1800
7	0.2133	42	5.7192
8	0.2292	43	6.2833
9	0.2467	44	6.8758
10	0.2658	45	7.5158
11	0.2875	46	8.2233
12	0.3108	47	9.0183
13	0.3358	48	9.9158
14	0.3633	49	10.9125
15	0.3933	50	11.9900
16	0.4275	51	13.1242
17	0.4667	52	14.3000
18	0.5117	53	15.5000
19	0.5633	54	16.7192
20	0.6208	55	17.9750
21	0.6858	56	19.2858
22	0.7558	57	20.6825
23	0.8300	58	22.2175
24	0.9125	59	24.0433
25	1.0050	60	26.5033
26	1.1083	61	30.2075
27	1.2242	62	36.3583
28	1.3567	63	47.2117
29	1.5075	64	66.2067
30	1.6742	65	83.3300
31	1.8575		
32	2.0558		
33	2.2683		
34	2.4992		
35	2.7558		

BASIS FOR GUARANTEED COST OF INSURANCE AND  
CASH VALUE

100% OF THE 1980 COMMISSIONERS STANDARD ORDINARY  
MALE NS MORTALITY TABLE ULTIMATE ALB  
1% GUARANTEED ANNUAL INTEREST RATE  
4.5% UNAMORTIZED EXPENSE ALLOWANCE INTEREST RATE

SURRENDER CHARGES  
POLICY FORM NO. 01-1140-05

<u>POLICY YEAR</u>	<u>CHARGE</u>
1	\$2,100.00
2	\$1,995.00
3	\$1,890.00
4	\$1,764.00
5	\$1,638.00
6	\$1,512.00
7	\$1,386.00
8	\$1,260.00
9	\$1,155.00
10	\$1,050.00
11	\$945.00
12	\$840.00
13	\$735.00
14	\$630.00
15	\$525.00
16	\$420.00
17	\$315.00
18	\$210.00
19	\$105.00
20 and later	\$0.00

## DEFINITIONS

**POLICY ANNIVERSARY** means the month and day of the Policy Date of each year after the Policy Date.

**POLICY DATE** is the date from which Policy Anniversaries, Policy Years, Policy Months, and Monthly Anniversaries are determined. This date is shown on Page 1.

**POLICY MONTH** means a one month period beginning on each Monthly Anniversary and ending on the day before the succeeding Monthly Anniversary. The first month begins on the Policy Date.

**POLICY YEAR** means a one year period beginning on each Policy Anniversary and ending on the day before the succeeding Policy Anniversary. The first Policy Year begins on the Policy Date.

**MONTHLY ANNIVERSARY** means the day of the month in the Policy Date for each month after the Policy Date. If there is no such day of that month, the Monthly Anniversary will be the last day of that month.

**INSURED** means the person shown on Page 3 as the Insured.

**NET PREMIUM** means the premium paid multiplied by one minus a percent of premium charge that will never be greater than the maximum percent of premium charge shown on Page 3.

**PREMIUM CLASS** is the rating class of the Insured as determined through underwriting. The Premium Class is shown on Page 3.

## GENERAL PROVISIONS

### OWNER

The Owner is named on Page 1. The Owner is called "you". You have all rights under the policy during the lifetime of the Insured. If you die before the Insured, your estate becomes the Owner, unless you have provided otherwise.

You may name a contingent Owner or a new Owner at any time during the lifetime of the Insured. After the change is recorded at our office in Austin, Texas, it will be effective as of the date you requested it. It will not apply to any payment made or action taken by us before it was recorded.

### BENEFICIARY

The Beneficiary will receive the Death Benefit Proceeds when the Insured dies. If there are two or more living Beneficiaries, they will receive equal shares, unless you have provided otherwise. If no Beneficiary is living when the Insured dies, we will consider you to be the Beneficiary. If the Owner is not living, we will consider the estate of the Owner to be the Beneficiary.

The Beneficiary or Beneficiaries and any contingent Beneficiaries are named in the application. A contingent Beneficiary becomes the Beneficiary if the Beneficiary dies before the Insured.

You may name or change Beneficiaries or contingent Beneficiaries at any time during the lifetime of the Insured, except that a Beneficiary irrevocably designated may not be changed without that irrevocable Beneficiary's written consent. After the change is recorded at our office in Austin, Texas, it will be effective as of the date you requested it. It will not apply to any payment made or action taken by us before it was recorded.

### EFFECTIVE DATE

The Effective Date of coverage under this policy is when:

1. The application is approved at our office in Austin, Texas; and
2. We deliver the policy; and
3. The Initial Premium has been paid; and
4. Each of the prior three conditions is satisfied while the proposed Insured is alive and their health and insurability are as described in the application.

For any insurance that has been reinstated, the Effective Date shall be determined according to the provisions of the reinstatement application.

The Effective Date of reinstatement will be determined according to the terms of the reinstatement application. The Effective Date of a reinstated policy for purposes of the Suicide and Incontestability provisions shall be measured from the Effective Date of reinstatement.

#### **TERMINATION OF INSURANCE**

This policy will terminate at the earliest of:

1. The date that we receive a written request from you to surrender the policy for the Cash Value; or
2. The date that the Grace Period ends, without the required premium being paid, as described in the Grace Period provision; or
3. The date the Insured dies.

#### **DEATH BENEFIT PROCEEDS**

We will pay the Death Benefit Proceeds to the Beneficiary, subject to the provisions of this policy, when we receive due proof that the death of the Insured occurred while this policy was in force. The Death Benefit Proceeds will be:

1. The Death Benefit described below; less
2. Any Loans and unpaid Loan interest on the policy, as of the date of death.

#### **DEATH BENEFIT**

The Death Benefit is subject to the adjustments required by the Misstatement of Age or Sex, Incontestability, Suicide, Partial Surrender provisions, and by Option 1 and Option 2 below.

You have the choice of two death benefits. The option that applies at issue is stated on Page 3.

##### **Option 1**

The Death Benefit will be equal to the greater of:

1. The Face Amount, shown on Page 3; or
2. The Account Balance on the date of death multiplied by the Death Benefit percent in the following table for the Insured's age as of the last Policy Anniversary.

##### **Option 2**

The Death Benefit will be equal to the greater of:

1. The Face Amount, shown on Page 3, plus the Account Balance; or
2. The Account Balance on the date of death multiplied by the Death Benefit percent in the following table for the Insured's age as of the last Policy Anniversary.

**Table of Death Benefit Percent  
Insured's Age as of the Last Policy Anniversary**

<b>Attained Age</b>	<b>Death Benefit Percent</b>	<b>Attained Age</b>	<b>Death Benefit Percent</b>	<b>Attained Age</b>	<b>Death Benefit Percent</b>
0-40	250%	54	157%	68	117%
41	243	55	150	69	116
42	236	56	146	70	115
43	229	57	142	71	113
44	222	58	138	72	111
45	215	59	134	73	109
46	209	60	130	74	107
47	203	61	128	75-90	105
48	197	62	126	91	104
49	191	63	124	92	103
50	185	64	122	93	102
51	178	65	120	94	101
52	171	66	119	95	Changed to "95 - 121"
53	164	67	118		

#### **DEATH BENEFIT EXTENSION**

Changed to age 121

On the Policy Anniversary after the Insured attains age 100, the Death Benefit provision of this policy will apply, subject to the following conditions:

1. The policy must be in force.
2. No further premium payments will be accepted by us.
3. We will continue to credit interest at the declared rate.
4. Interest on Loans will continue to accrue.
5. No additional Loans or partial surrenders will be allowed.
6. There will be no further Monthly Deductions.
7. This provision will have no effect on the termination of any riders attached to this policy. All riders will terminate as provided in the rider.

The policy may not qualify as life insurance and may be subject to tax consequences. A tax advisor should be consulted.

#### **DEATH BENEFIT OPTION CHANGE**

Changes in the Death Benefit option may be requested in writing after the first Policy Anniversary. We reserve the right to require evidence of insurability satisfactory to us for a change from Option 1 to Option 2. When you change from Option 1 to Option 2, the Face Amount remains the same. However, the Death Benefit will be increased by the amount of the Account Balance. When you change from Option 2 to Option 1, the Death Benefit remains the same. However, the Face Amount will be increased by the amount of the Account Balance.

The Effective Date of the change will be the Monthly Anniversary following the day we approve the request for the change. Only one change is permitted in any twelve month period.

#### **FACE AMOUNT CHANGE**

At any time after the first Policy Anniversary, the Face Amount may be increased or decreased by written request from you. Changing the Face Amount is subject to:

1. Face Amount Decreases-  
Any decrease will become effective on the Monthly Anniversary following receipt of the request by us. Any such decrease will reduce the Face Amount in the following order:

- a. The most recent increase in Face Amount; then
- b. The next most recent Face Amount increases successively; then
- c. The initial Face Amount.

The Face Amount in effect at any time under this policy may not be less than the minimum Face Amount specified on Page 3.

## 2. Face Amount Increases-

Any request for an increase must be applied for on a separate application. It shall be subject to evidence of insurability satisfactory to us. The increase must be for a minimum of \$10,000. Any approved increase will be effective on the Monthly Anniversary shown in the Face Amount Change endorsement. It will result in application of the Face Amount increase charge described in the Monthly Deduction provision. Only one increase will be permitted in any twelve month period.

## **ACCOUNT BALANCE**

The Account Balance on the Policy Date will be zero.

The Account Balance on each Monthly Anniversary is equal to (a) plus (b) plus (c) plus (d) where:

- (a) is the Account Balance on the preceding Monthly Anniversary minus any partial surrenders and partial surrender charges since the last Monthly Anniversary minus the Monthly Deduction;
- (b) is any Net Premiums applied since the last Monthly Anniversary;
- (c) is the Fixed Interest, if any, as described in this policy;
- (d) is the Index Interest, if any, on the Index Amount, as described in the Index Interest Credit Option or Options attached to this policy.

On any day that is not a Monthly Anniversary, the Account Balance is equal to (a) plus (b).

## **FIXED INTEREST**

Fixed Interest is equal to (1) plus (2) plus (3) minus (4), where:

- (1) is the Monthly Interest Rate times the difference between (a), as stated above in the Account Balance provision, and the Total Index Amount, the result of which is not less than zero;
- (2) is the partial Monthly Interest Rate times the Net Premiums applied since the last Monthly Anniversary; the partial Monthly Interest Rate is based on the time period from the date the Net Premiums are applied to the Monthly Anniversary;
- (3) is the partial Monthly Interest Rate times the sum of any Index Amount with an Index Anniversary during the month and the Index Interest, if any, on the Index Amount; the partial Monthly Interest Rate is based on the time period from the Index Date to the Monthly Anniversary;
- (4) is the partial Monthly Interest Rate times any newly allocated Index Amount; the partial Monthly Interest Rate is based on the time period from the Index Date to the Monthly Anniversary.

Fixed Interest for (3) and (4) only occurs in policy months that include an Index Date.

## **FIXED INTEREST AMOUNT**

You may allocate a portion of the Account Balance to the Fixed Interest Amount on an Index Date according to the Fixed Interest Amount Allocation Percentage that you select, either on the application supplement or by your written request. The Fixed Interest Amount is the Allocation Percentage for the Fixed Interest Amount times the result of (a) minus (b) minus (c), where:

- (a) is the Account Balance on the prior Monthly Anniversary plus any Net Premium applied since the prior Monthly Anniversary minus any partial surrenders and partial surrender charges since the prior Monthly Anniversary plus any Index Interest credited on the Index Date minus the Yearly Charges;
- (b) is the Total Index Amount;
- (c) is any previously allocated amounts to the Fixed Interest Amount.

The amount allocated to the Fixed Interest Amount will remain allocated to the Fixed Interest Amount for twelve months. You may request in writing to transfer, according to the Changes and Transfers provision of this policy, all or part of the Fixed Interest Amount to an Index Amount.

The interest is credited to the Fixed Interest Amount on each Monthly Anniversary, as described in the Fixed Interest provision, using the Monthly Interest Rate.

The Fixed Interest Amount may be decreased due to transfers to an Index Amount or due to partial surrenders and partial surrender charges.

### **MONTHLY INTEREST RATE**

The Monthly Interest Rate used in calculating the Fixed Interest is not less than .083% per month, compounded monthly. This is the equivalent to a guaranteed annual interest rate of 1.0% compounded annually. We may use interest rates greater than the guaranteed annual interest rate of 1.0% compounded annually.

### **INTEREST RATE BONUS**

The Interest Rate Bonus is stated on Page 3 and is stated as an effective annual interest rate. The Interest Rate Bonus is credited to the Account Balance after the tenth Policy Anniversary and is subject to the following condition: The declared annual interest rate on the Account Balance as described in the Fixed Interest provision of this policy must be greater than the guaranteed annual interest rate of 1.0%.

When this condition is satisfied, the Interest Rate Bonus for the Fixed Interest and the Index Interest will be determined as follows:

1. The Interest Rate Bonus for the calculation of the Fixed Interest is the effective annual Interest Rate Bonus converted to a monthly Interest Rate Bonus. At the end of the first Monthly Anniversary following the tenth Policy Anniversary, and at the end of each Policy Month thereafter, in the calculation of the Fixed Interest, the monthly Interest Rate Bonus will increase the Monthly Interest Rate used in the calculation of the Fixed Interest.
2. The Interest Rate Bonus for the calculation of the Index Interest, as described in the Index Interest Credit Options attached to this policy, is the effective annual Interest Rate Bonus. On the first Index Anniversary following the tenth Policy Anniversary and on each Index Anniversary thereafter, the Index Interest will include the Interest Rate Bonus as stated on Page 3. The Interest Rate Bonus will increase the Index Interest in the Index Interest Credit Options attached to this policy.

### **MINIMUM GUARANTEED ACCOUNT BALANCE**

The Minimum Guaranteed Account Balance on the Policy Date will be zero.

The Minimum Guaranteed Account Balance on each Monthly Anniversary is equal to (1) plus (2) where:

- (1) is the Minimum Guaranteed Account Balance on the preceding Monthly Anniversary, less the Monthly Deduction for the prior Policy Month, less any partial surrenders and partial surrender charges since the last Monthly Anniversary, multiplied by 1.00083; and
- (2) is the Net Premiums received since the preceding Monthly Anniversary, multiplied by the portion of 1.00083 from the date the Net Premiums are applied by us to the Monthly Anniversary.

On any day which is not a Monthly Anniversary, the Minimum Guaranteed Account Balance is equal to the Minimum Guaranteed Account Balance on the last Monthly Anniversary, less any partial surrenders and partial surrender charges since the last Monthly Anniversary, plus any Net Premiums applied since the last Monthly Anniversary minus the Monthly Deduction for the current Policy Month.

### **INDEX INTEREST CREDIT OPTIONS**

We may provide for one or more Index Interest Credit Options. The Index Interest Credit Options available under this policy on the Policy Date are attached to this policy and are stated on Page 3. The Index Interest Credit Options state the method of determining the Index Interest, which is linked in part to the Index, on the Index Amount.

The Index Interest Credit Option or Options that you select for the first Index Date are shown on Page 3. After the first Index Date, you may request a change of the Index Interest Credit Option or Options that you selected on the application supplement. The changed Index Interest Credit Options that you select will apply to any available Index Amount on the next Index Date. The request to change the Index Interest Credit Option or Options must satisfy the Changes and Transfers provision of this policy.

## **CHANGES AND TRANSFERS**

For any Index Date you may request a change of the Fixed Interest Amount or the Index Interest Credit Option or Options and the Allocation Percentages for the Fixed Interest Amount and the Index Interest Credit Option or Options. You must request the change in writing, as described below.

For any Index Date after the first, you may request a transfer of all or a portion of the Fixed Interest Amount to an Index Amount. You must request the transfer in writing, as described below.

Your written request:

1. to change the Fixed Interest Amount; or
2. to change the Index Interest Credit Option or Options; or
3. to change the Allocation Percentages; or
4. to transfer all or a portion of the Fixed Interest Amount to an Index Amount;

must be received at our office in Austin, Texas at least 20 days prior to the next Index Date. The written request to change or transfer that is received after the 20 day notification period may not be processed by the Index Date. If the request to change or transfer is received after the 20 day notification period and is not processed prior to the Index Date, such request to change or transfer will apply to the following Index Date.

## **INDEX**

The Index is the Standard & Poor's 500® Composite Stock Price Index, which excludes dividends. If publication of the Index is discontinued, or the calculation is substantially changed or is not available to us, we may substitute an alternative index and notify you in writing.

## **INDEX DATES**

There are four Index Dates each calendar year. The four Index Dates are stated on Page 3.

The first Index Date of your policy is the Index Date immediately following the date the first Net Premium is applied.

## **INDEX VALUE**

On an Index Date, the Index Value is the closing value of the Index. Index Values on any date that is not an Index Date are as described in the Index Interest Credit Option or Options attached to this policy.

If the closing value of the Index is not available, we will use the closing value of the Index on the first preceding day for which the closing value of the Index is available.

## **CORRECTION OF ERROR IN THE INDEX VALUE**

If Standard & Poor's publishes a correction of the Index Value within 30 days of the original publication, the Index Value used in this policy will be the corrected Index Value. However, if Standard & Poor's publishes a correction of the Index Value more than 30 days past the original publication date, the Index Value used in this policy will be the original Index Value as originally published.

## **ALLOCATION PERCENTAGE**

The Allocation Percentage is the percentage that you select on the application supplement for each Index Interest Credit Option and for the Fixed Interest Amount. The Allocation Percentages that you select for the first Index Date are shown on Page 3. The Allocation Percentages must be in whole numbers and must add to no more than 100%.

The Allocation Percentages may be changed according to the Changes and Transfers provision of this policy.

## **INDEX AMOUNT**

The Index Amount(s) is the portion of the Account Balance allocated on an Index Date according to the Index Interest Credit Option or Options and the Allocation Percentages that you selected, either on the application

supplement or by your written request. The Index Amount is the Allocation Percentage for the Index Interest Credit Option times the result of (a) minus (b) minus (c), where:

- (a) is the Account Balance on the prior Monthly Anniversary plus any Net Premium applied since the prior Monthly Anniversary minus any partial surrenders and partial surrender charges since the prior Monthly Anniversary plus any Index Interest credited on the Index Date minus the Yearly Charges;
- (b) is the Total Index Amount;
- (c) is any previously allocated amounts to the Fixed Interest Amount.

An Index Amount will remain allocated to the Index Interest Credit Option for twelve months. Twelve months from each Index Date is a corresponding Index Anniversary. On each corresponding Index Anniversary, Index Interest, which is determined using the formula for the Index Interest Credit Option that you selected and which is attached to this policy, is calculated on the Index Amount. The Index Interest is credited to the Account Balance, as described in the Account Balance provision of this policy.

On any Index Date, an Index Amount may be increased due to transfers from the Fixed Interest Amount. The transfers from the Fixed Interest Amount must satisfy the Changes and Transfers provision of this policy.

Any Index Amount may be decreased due to partial surrenders and partial surrender charges, as described in the Partial Surrender provision of this policy.

#### **YEARLY CHARGES**

The Yearly Charges are twelve times the Monthly Deduction for the month in which the Index Date occurs. It is used in the calculation of the Index Amount.

#### **TOTAL INDEX AMOUNT**

On a date that is not an Index Date, the Total Index Amount is the sum of the Index Amounts allocated to the Index Interest Credit Option or Options that you selected for the prior four (4) Index Dates. On an Index Date, the Total Index Amount is the sum of the Index Amounts allocated to the Index Interest Credit Option or Options that you selected for the prior three (3) Index Dates.

#### **MONTHLY DEDUCTION**

The Monthly Deduction for a Policy Month is equal to (1), plus (2), plus (3), plus (4), plus (5), where:

- (1) Is the Monthly Cost of Insurance and the cost of any additional benefits provided by rider for each Policy Month.
- (2) Is the monthly administration charge. The monthly administration charge cannot exceed the Maximum Monthly Administration Charge shown on Page 3.
- (3) Is the monthly expense charge. The monthly expense charge cannot exceed the Maximum Monthly Expense Charge shown on Page 3.
- (4) Is the Face Amount increase charge. It is equal to the amount of the increase times the increase charge shown below. The charge is made in the Policy Month when the increase is effective.
- (5) Is any amounts necessary to pay any taxes, fees, or assessments which may be imposed by State, Federal, or Municipal governments that have not otherwise been deducted.

<b>Face Amount Increase Charge Per \$1,000 Of Increase</b>	
<b><u>Attained Age</u></b>	<b><u>Charge</u></b>
0-35	\$2.00
36-40	3.00
41-45	4.00
46-50	5.00
Over 50	6.00

This is a one time charge made at the time the increase is effective. It is based on the Insured's age on the last Policy Anniversary.

#### **MONTHLY COST OF INSURANCE**

The Monthly Cost of Insurance is equal to (1) minus (2) and then multiplying this result by (3), where:

- (1) Is the Death Benefit at the beginning of the Policy Month divided by the sum of one plus the minimum Monthly Interest Rate (1.00083).
- (2) Is the Account Balance at the beginning of the Policy Month.
- (3) Is the Monthly Cost of Insurance Rate.

### **COST OF INSURANCE RATE**

We will periodically set or adjust the Monthly Cost of Insurance Rate. The Monthly Cost of Insurance Rate is based on the Insured's rating class and sex on the Policy Date and attained age at the last Policy Anniversary. In setting these rates we will consider many factors including, but not limited to, mortality, expenses, investment return, inflation, taxes, assessments, and persistency. The monthly maximum cost of insurance rates are shown on Page 4. If a change is made in the current rate, the change will apply to all individuals in the same rating class as the Insured.

### **BASIS OF COMPUTATIONS**

Minimum cash values are based on the mortality table and interest rates shown on Page 4.

### **SURRENDER**

This policy may be surrendered on any Monthly Anniversary during the lifetime of the Insured upon written request to us by you. The amount payable upon surrender is the Cash Value. The Cash Value will be paid in a single sum or under a settlement option elected by you.

### **CASH VALUE**

The Cash Value is equal to:

1. The greater of the Account Balance or the Minimum Guaranteed Account Balance on the date of surrender, minus
2. Any Loans and Loan interest; minus
3. The surrender charge, if any.

If surrender is made within 30 days after a Policy Anniversary, the Cash Value will not be less than the Cash Value on that Policy Anniversary plus any Net Premiums received since the prior Policy Anniversary minus any partial surrenders and partial surrender charges or Loans made on or after that Policy Anniversary.

### **SURRENDER CHARGE**

The surrender charge used in the calculation of the Cash Value is from the Surrender Charge Table shown on Page 5.

### **PARTIAL SURRENDER**

A partial surrender may be made at any time during the lifetime of the Insured. A written request must be received by us from you. The maximum partial surrender that may be made is the Cash Value minus an amount equal to the sum of Monthly Deductions to the next Policy Anniversary. The minimum partial surrender is \$200.

When a partial surrender is made, the amount of the partial surrender will be deducted from the Account Balance.

If the amount of the partial surrender plus the partial surrender charge exceeds (a) plus (b) plus (c) minus (d) minus (e), where:

- (a) is the Account Balance on the prior Monthly Anniversary; and
- (b) is the Net Premium applied since the last Monthly Anniversary; and
- (c) is the Index Interest credited on the Index Date, if any, since the last Monthly Anniversary; and
- (d) is the Yearly Charges; and
- (e) is the Total Index Amount and the Fixed Interest Amount,

then an amount equal to this excess will be deducted first from the Fixed Interest Amount starting with the most recently created Fixed Interest Amount. After the deductions from all of the Fixed Interest Amounts, then any remaining excess will be deducted from the Index Amounts, starting with the most recently created Index Amount, until an amount equal to the excess has been deducted. If more than one Index Amount was created

on the same Index Date, the excess amount of the partial surrender plus the partial surrender charge will be deducted from each Index Amount proportionately.

The Face Amount will also be reduced by the amount of the partial surrender if the Death Benefit is Option 1. The remaining Face Amount will be subject to the minimum amount defined in the Face Amount Change provision.

A partial surrender charge of \$25 will be deducted from each partial surrender amount. Partial surrenders will be limited to one each Policy Year.

### **INITIAL PREMIUM**

The Initial Premium is the premium paid at our office in Austin, Texas on or before delivery of this policy or to an authorized agent upon delivery of a receipt signed by the agent.

### **PLANNED PERIODIC PREMIUMS**

The Planned Periodic Premium is shown on Page 3.

Changes in frequency and increases or decreases in amount of Planned Periodic Premium payments may be made by you. We reserve the right to limit the amount of any increase. If any payment would increase the Death Benefit by more than it increases the Account Balance, then evidence of insurability satisfactory to us may be required.

The maximum total paid premium that we will accept under this policy is limited to the guideline premium limitation as defined by Section 7702, Internal Revenue Code of 1986, or as later amended. Any premium that is determined to be in excess of this limit will be refunded.

After the Initial Premium is made, we will accept premium at our office in Austin, Texas while this policy is in force.

Between premium payments, this policy will be continued as described in the Continuation of Insurance provision.

### **CONTINUATION OF INSURANCE**

If premiums are not continued, the Death Benefit under this policy and any benefits provided by any rider will be continued, subject to the Grace Period provision, until the Cash Value is not enough to cover the Monthly Deduction. This provision will not continue the policy nor any rider beyond the termination date.

### **GRACE PERIOD**

If the Cash Value on the Monthly Anniversary is insufficient to cover the Monthly Deduction for the current Policy Month, this policy will remain in force during the 61 day Grace Period that follows. Notice of the required premium will be sent to the Owner at last known address, and any assignee of record at least 31 days prior to the lapse of this policy. If the required premium is not paid by the end of the Grace Period, all coverages under this policy will terminate without value. If a Death Benefit claim becomes payable during the Grace Period, we will pay the Death Benefit Proceeds, less any overdue Monthly Deduction.

During the number of Policy Years shown by the No Lapse Guarantee Period on Page 3 of this policy, the policy will not terminate if on each Monthly Anniversary the sum of premiums paid is equal to or exceeds 1 plus 2, where:

1. is the sum of the minimum monthly continuation premium in effect at the beginning of each Monthly Anniversary, starting with the Policy Date and ending with the current Monthly Anniversary.
2. is the sum of all existing Loans, Loan interest, and partial surrenders.

The initial Minimum Monthly Continuation Premium is stated on Page 3. For any coverage changes, other than a Face Amount decrease, the Minimum Monthly Continuation Premium will be adjusted to reflect the coverage change.

### **CONDITIONS FOR POLICY REINSTATEMENT**

If the Grace Period expires without enough premium being paid, you may reinstate this policy as follows:

1. The request for reinstatement must be made in writing during the Insured's lifetime and within five years after the expiration of the Grace Period; and

2. We must receive evidence of insurability satisfactory to us; and
3. Payment must be received for the lesser of:
  - a. the Monthly Deduction for the Grace Period, plus an amount sufficient to keep the policy in force for six months; or
  - b. the amount necessary to comply during the No Lapse Guarantee Period; and
4. The Effective Date of the reinstatement will be determined according to the terms of the reinstatement application. The Effective Date of a reinstated policy for purpose of the Incontestability provision shall be measured from the Effective Date of reinstatement; and
5. Payment or reinstatement of any Loans and Loan interest against the policy that existed at the end of the Grace Period must be made.

## **LOAN**

You may obtain a Loan from us using the Cash Value as the only Loan security. The Loan must be requested in writing and received by us. It will have the following conditions:

1. The Loan may not exceed the Cash Value, minus the sum of the Monthly Deductions to the next Policy Anniversary.
2. The Loan Interest Rate for the first Policy Year is shown on Page 3. Loan interest is payable in advance on the amount borrowed to the next Policy Anniversary. On each Policy Anniversary, Loan interest is payable in advance for the next Policy Year. Interest not paid when due will be added to the Loan and bear interest at the same rate.
3. All or part of the Loan may be repaid to us any time the policy is in force during the lifetime of the Insured. Each payment must be at least \$50.
4. Upon surrender of the policy for the Cash Value, any Loan and Loan interest are deducted from the Cash Value as described in the Cash Value provision.
5. Upon the death of the Insured, the Loan and Loan interest are deducted from the Death Benefit Proceeds, as described in the Death Benefit Proceeds provision of this policy.
6. If the Loan balance becomes more than the Account Balance, less surrender charge, this policy will remain in force during the 61 day Grace Period that follows. Notice of required premium will be sent to the Owner and any assignee of record at least 31 days prior to the lapse of this policy. The policy will lapse unless the Grace Period provisions are met.
7. The policy must be in force when the Loan request is made.

## **LOAN INTEREST RATE**

The Loan Interest Rate is the effective annual rate that is the greater of:

1. The "Published Monthly Average" rate; or
2. The guaranteed annual interest rate plus 1%.

The Loan Interest Rate is subject to the following conditions:

1. It will not be greater than the maximum adjustable rate permitted by the laws of the state where this policy is issued.
2. It will be established on the Policy Date and on every Policy Anniversary thereafter. The Loan Interest Rate for Loans made in the first Policy Year is shown on Page 3. The Loan Interest Rate will be changed, subject to 3 and 4 below, only on Policy Anniversaries.

3. If the Loan Interest Rate for a Policy Year is at least ½% higher than the Loan Interest Rate in effect for the previous Policy Year, we will change to the higher rate.
4. If the Loan Interest Rate for a Policy Year is at least ½% lower than the Loan Interest Rate in effect for the previous Policy Year, we will change to the lower rate.
5. It will be expressed in terms of the equivalent rate payable in advance.

Every time you make a Loan we will notify you of the initial Loan Interest Rate on that Loan. The Loan Interest Rate for all new and existing Loans is determined on each Policy Anniversary each Policy Year. If you have a Loan, we will send you written notice of any change in the Loan Interest Rate at least 30 days before the Policy Anniversary.

The "Published Monthly Average" means:

1. Moody's Corporate Bond Yield Average – Monthly Average Corporates as published by Moody's Investors Service, Inc., or any successor thereto; or
2. In the event that Moody's Corporate Bond Yield Average – Monthly Average Corporates is no longer published, a substantially similar average will be established by regulation issued by the insurance Commissioner of the state where this policy was issued.

The Loan Interest Rate is determined on January first and July first of each calendar year. The January rate equals the Average for the previous October and applies to Policy Years in which the Policy Date is in January through June. The July rate equals the Average for the previous April and applies to Policy Years in which the Policy Date is in July through December.

#### **ANNUAL REPORT**

An Annual Report will be sent to you at least once a year without charge. This report will show the current amount of insurance, Account Balance, Cash Value, and Loan balance of the policy. It will also show the premiums paid, partial surrenders, and the charges made on the policy since the last report.

#### **PROJECTION REPORT**

You may at any time request a Projection Report. The projection will be made for at least 20 years from the date of the report on a year-by-year basis. The report will begin with the Account Balance of this policy on the date of this report. The report will have a projection using the guaranteed annual interest rate, maximum expense charges, and the guaranteed maximum costs of insurance. You are entitled to one Projection Report each calendar year without charge. The fee for each additional projection report will not exceed \$15.00.

#### **DELAYED PAYMENT OF CASH SURRENDER OR POLICY LOAN**

We have the right to delay the payment of any cash surrender or the granting of a Loan for up to six months after a request in writing, unless the Loan will be used to pay premiums.

#### **SUICIDE**

Within two years after the Policy Date, if the death of the Insured is the result of suicide, while sane or insane, we will pay nothing under the policy except to return premiums that have been paid, less all partial surrenders and partial surrender charges and any Loan balance.

Within two years from the Effective Date of any increase in the Face Amount, if the death of the Insured is the result of suicide, while sane or insane, we will pay nothing with respect to the increases except to return all Monthly Deductions deducted for such increases.

#### **INCONTESTABILITY**

With respect to statements made in the initial application, any subsequent applications, and amendments thereto for this policy, we will not contest this policy after it has been in force during the lifetime of the Insured for two years from the Policy Date, except for rider provisions relating to disability benefits or additional benefits in the event of accidental death.

With respect to statements made in any application for increases or additions in coverage, we will not contest the increase or addition in coverage after the increase or addition has been in force during the lifetime of the

Insured, for two years after the Effective Date of the increase or addition, except for rider provisions relating to disability benefits or additional benefits in the event of accidental death.

With respect to statements made in the application for policy reinstatements, we will not contest the policy reinstatement after the reinstatement has been in force during the lifetime of the Insured for two years after the Effective Date of reinstatement, except for fraud.

#### **MISSTATEMENT OF AGE OR SEX**

This policy is issued at the age and sex shown on Page 3. This is the Insured's age at last birthday on the Policy Date, according to the Insured's date of birth and sex given in the application. If the age or sex of the Insured has been misstated, the Death Benefit shall be that which would have been purchased using the cost of insurance rates based on the correct age or sex.

#### **ASSIGNMENT**

You may assign rights under this policy to someone else unless an irrevocable Beneficiary has been designated. However, we will not be bound by the assignment until notice is recorded at our office in Austin, Texas. Any assignment will be subject to any amounts owed to us before the assignment was recorded. We are not responsible for the validity of any assignment.

## SETTLEMENT OPTIONS

### GENERAL PROVISIONS

Instead of payment in one sum, the Cash Value or Death Benefit Proceeds of this policy may be paid under one of the settlement options listed below.

The amount applied to an option must be at least \$2,000 or to provide periodic payments of at least \$20.

Before proceeds are due, you may choose or change an option by writing to us. After the proceeds are due, the payee may choose an option if:

1. You have not made a prior choice which is still in force; and
2. The proceeds are due in one sum and have not been paid.

Unless you name a payee, you will be the payee for all amounts other than death proceeds. If the payee is not a natural person an option is not available without our consent. An option is not available to an assignee.

An option starts when proceeds are due, if:

1. An option has been chosen;
2. You have sent us this policy; and
3. We have sent the payee an option agreement.

The option agreement will describe the payments the payee will get. If the payee stops the option agreement in the first 60 days after the option starts, we will pay the original proceeds less any payments we have already made.

### INTEREST

The interest rate for all options is 2.0% a year, compounded annually. Excess interest may be allowed at our discretion.

### FIRST PAYMENT

The first payment under Options 1 through 4 is made when the option starts. Under Option 5 interest is earned from the date the option starts.

### OPTION 1 - INCOME FOR LIFE

The proceeds may be paid in equal monthly payments until the payee dies. The amount of each payment is shown in Option 1 Table. We may require proof of the payee's age.

### OPTION 2 - LIFE INCOME WITH A GUARANTEED PERIOD

The proceeds may be paid in equal monthly payments. These payments may be guaranteed for 5, 10, 15, or 20 years. After the guaranteed payments have been made, payments will be made until the payee dies. The amount of each payment is shown in Option 2 Table. We may require proof of the payee's age.

### OPTION 3 - LIFE INCOME WITH INSTALLMENT REFUND

The proceeds may be paid in equal monthly payments. These payments will be guaranteed until the total paid equals the proceeds applied. After the guaranteed payments have been made, payments will be made until the payee dies.

### OPTION 4 - PAYMENTS FOR A FIXED PERIOD

The proceeds may be paid in equal monthly payments for up to 30 years. The amount of each payment is shown in Option 4 Table.

### OPTION 5 - INTEREST

The proceeds may be left with us to earn interest for a specified period. This period may not exceed 30 years. After the option starts, the payee may withdraw in one sum any unpaid amount left with us with any unpaid interest. If the payee dies before the end of the specified period any unpaid amount together with any unpaid interest will be paid in one sum to the payee's estate.

### BASIS OF CALCULATIONS

The payment amounts illustrated in Option Tables 1, 2, and 3 are based on the 1983 Table a (female), projected to 1995, and 2.0% interest. The attained age of the payee when the option starts will be adjusted downward by one year for each full five (5) year period that has elapsed since January 1, 1995.

We reserve the right to reduce the settlement option payments after such payments have begun, to reflect any State, Federal, or Municipal taxes or any fees or assessments, payment of which is required or authorized by law, which have not otherwise been deducted or offset.

**OPTION 1 AND 2 TABLE - MINIMUM INCOME FOR LIFE OR LIFE  
INCOME WITH GUARANTEED PERIOD**

Monthly payments per \$1,000 of proceeds based on adjusted age of payee when option starts.

The payment for ages not shown will be furnished upon request.

Payments based on 1983 Table a (female), projected to 1995, and 2.0% interest.

Adjusted Age of Payee	Income For Life	5 Years Guaranteed	10 Years Guaranteed	15 Years Guaranteed	20 Years Guaranteed
50	\$3.14	\$3.14	\$3.13	\$3.12	\$3.09
51	3.19	3.19	3.18	3.17	3.14
52	3.25	3.25	3.24	3.22	3.19
53	3.31	3.31	3.29	3.27	3.24
54	3.37	3.37	3.35	3.33	3.29
55	3.43	3.43	3.42	3.39	3.35
56	3.50	3.50	3.48	3.45	3.40
57	3.57	3.57	3.55	3.52	3.46
58	3.65	3.64	3.62	3.58	3.52
59	3.73	3.72	3.69	3.65	3.58
60	3.81	3.80	3.78	3.73	3.65
61	3.90	3.89	3.86	3.80	3.71
62	3.99	3.98	3.95	3.88	3.78
63	4.09	4.08	4.04	3.97	3.85
64	4.20	4.18	4.14	4.05	3.92
65	4.31	4.29	4.24	4.14	3.99
66	4.43	4.41	4.35	4.23	4.06
67	4.55	4.53	4.46	4.33	4.14
68	4.69	4.66	4.58	4.43	4.21
69	4.83	4.80	4.70	4.53	4.28
70	4.98	4.94	4.83	4.64	4.35
71	5.14	5.10	4.97	4.74	4.42
72	5.31	5.26	5.12	4.85	4.48
73	5.50	5.44	5.27	4.96	4.55
74	5.69	5.63	5.43	5.07	4.61
75	5.91	5.83	5.59	5.19	4.66

**OPTION 3 TABLE - LIFE INCOME WITH INSTALLMENT REFUND**

Monthly payments per \$1,000 of proceeds based on adjusted age of payee when option starts.

The payment for ages not shown will be furnished upon request.

Payments based on 1983 Table a (female), projected to 1995, and 2.0% interest.

Adjusted Age of Payee		Adjusted Age of Payee		Adjusted Age of Payee	
50	\$3.04	60	\$3.58	70	\$4.42
51	3.08	61	3.64	71	4.53
52	3.13	62	3.72	72	4.65
53	3.17	63	3.79	73	4.77
54	3.23	64	3.87	74	4.89
55	3.28	65	3.95	75	5.03
56	3.33	66	4.04		
57	3.39	67	4.13		
58	3.45	68	4.22		
59	3.51	69	4.32		

**OPTION 4 TABLE - PAYMENTS FOR A FIXED PERIOD**

Monthly payments per \$1,000 of proceeds.

Payments based on 2.0% interest.

Number of Years Paid	Monthly	Number of Years Paid	Monthly	Number of Years Paid	Monthly
1	\$84.23	11	\$8.44	21	\$4.85
2	42.53	12	7.81	22	4.68
3	28.63	13	7.28	23	4.51
4	21.69	14	6.82	24	4.37
5	17.52	15	6.43	25	4.23
6	14.74	16	6.08	26	4.10
7	12.76	17	5.78	27	3.99
8	11.27	18	5.51	28	3.88
9	10.12	19	5.27	29	3.78
10	9.19	20	5.05	30	3.69

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**NATIONAL WESTERN LIFE INSURANCE COMPANY**

**EXECUTIVE OFFICE, AUSTIN, TEXAS**

**FLEXIBLE PREMIUM - FLEXIBLE BENEFIT POLICY**

**READ YOUR POLICY CAREFULLY**

This policy is a FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY WITH EQUITY INDEX OPTIONS. The ADJUSTABLE DEATH BENEFIT is payable upon death of the Insured. Premiums are payable until the Insured's age 100. Thereafter, no further Monthly Deductions will be made. NONPARTICIPATING. **THIS IS ONLY A BRIEF** Changed to age 121 **INSURANCE IS FULLY DESCRIBED IN VARIOUS PROVISIONS OF THE POLICY.**

**This policy is a legal contract between you and us.**



April 22, 2008

Arkansas Department of Insurance  
Life and Health Compliance  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

Re: **2001 CSO Form Changes Filing**  
Flexible Premium Adjustable Life Policy, Form 01-1140-08  
Replacing 01-1140-05 approved for use on June 1, 2005  
National Western Life Insurance Company, NAIC 66850, FEIN 84-0467208

To Whom It May Concern:

Attached is the above captioned form submitted to your state for formal approval. This form will replace a previously approved form, number 01-1140-05, approved in Arkansas on June 1, 2005. This form is deemed exempt by our state of domicile, Colorado, under Bulletin 5-92. This filing contains no unusual or possibly controversial items from normal industry standards. The form will be illustrated.

The following changes were made to comply with the new 2001 CSO mortality tables. A red-lined copy of the old form is also attached for your convenience.

Change Number 1:

On the face page and back page, in the brief description, we changed age 100 to 121.

Change Number 2:

On page 8, in the Death Benefit Extension provision, we changed age 100 to age 121.

Change Number 3:

On page 8, in the Table of Death Benefit Percent, we changed the last age 95 to "95 – 121".

Thank you for your time and consideration in this matter. If you have any questions or need more information, please feel free to contact me by email at [SFoskitt@NationalWesternLife.com](mailto:SFoskitt@NationalWesternLife.com) or by phone at 512-719-1563.

Sincerely,

A handwritten signature in black ink that reads "SFoskitt". The signature is written in a cursive, flowing style.

Stephanie Foskitt  
Contract Compliance Analyst

We reserve the right to change the format of this form without changing any of the language. Printing standards will never be less than those required by your state.

<i>SERFF Tracking Number:</i>	<i>NAWS-125619362</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Western Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38774</i>
<i>Company Tracking Number:</i>	<i>01-1140-08</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>2001 CSO Filing - Changes to 01-1140-05</i>		
<i>Project Name/Number:</i>	<i>2001 CSO Filing - Changes to 01-1140-05/01-1140-08</i>		

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Form	Flexible Premium Adjustable Life Policy	04/22/2008	01-1140-08 Flexible Premium Adjustable Life.pdf

# NATIONAL WESTERN LIFE INSURANCE COMPANY

A Stock Company

EXECUTIVE OFFICE, AUSTIN, TEXAS  
HOME OFFICE, DENVER, COLORADO

INSURED

POLICY NUMBER

POLICY DATE

ISSUE AGE

OWNER

**NATIONAL WESTERN LIFE INSURANCE COMPANY** is called "we", "our", or "us". We will pay the Death Benefit Proceeds to the Beneficiary when we receive due proof of the Insured's death, while coverage is in force under the policy. All benefits are subject to the conditions and provisions of the policy.

## YOUR COVERAGE

This policy is issued in consideration of the application and the payment of the first premium when due. The policy and the application are the entire contract. The policy and the application attached to the policy are your evidence of coverage under the policy. The application is part of the policy and the policy was issued on the basis that all the answers to all the questions and the information shown on the application are correct and complete. Statements made in the application are representations and not warranties. No statement will be used by us to defend a claim or act to void your coverage evidenced by this policy, unless the statement is in a signed application. Only our officers may change your coverage evidenced by this policy or waive a right or requirement. No agent may do this. A change or waiver must be in writing.

## RIGHT TO CANCEL

You may cancel this policy by delivering or mailing a written notice or sending a telegram to us in Austin, Texas 78752-1602 or to our authorized agent. You must return the policy to us or our authorized agent before midnight of the twentieth day after the date you receive it. Notice given by mail and return of the policy by mail are effective on being postmarked, properly addressed, and postage prepaid. We must return all premiums paid for this policy within ten days after we receive notice to cancel and the returned policy.

Signed at our office in Austin, Texas as of the Policy Date.



Secretary



President

## READ YOUR POLICY CAREFULLY

This policy is a FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY WITH EQUITY INDEX OPTIONS. The ADJUSTABLE DEATH BENEFIT is payable upon death of the Insured. Premiums are payable until the Insured's age 121. Thereafter, no further Monthly Deductions will be made. NONPARTICIPATING. **THIS IS ONLY A BRIEF DESCRIPTION. THE INSURANCE IS FULLY DESCRIBED IN VARIOUS PROVISIONS OF THE POLICY.**

**NOTICE TO OWNER:** If you have questions or need information about this policy or if you need assistance in resolving a complaint, please call us at: 1-800-922-9422.

This policy is a legal contract between you and us.

## POLICY SUMMARY

This flexible premium adjustable life insurance policy provides life insurance as long as this policy remains in force. The amount of life insurance coverage and premium payments is adjustable as provided herein. The Account Balance is accumulated from the payment of premiums, the crediting of interest and deductions for cost of insurance, expenses, and rider costs. The Cash Value is available for full surrender, partial surrender, and Loans. Any Index Interest is linked in part to the values of the Standard & Poor's 500® Composite Stock Price Index (which excludes dividends). The policy does not participate in any stock, bond, or equity investments.

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This is only a brief description. The insurance is fully described in various provisions of the policy.

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## POLICY SPECIFICATIONS

NATIONAL WESTERN LIFE INSURANCE COMPANY  
850 EAST ANDERSON LANE, AUSTIN, TEXAS 78752-1602  
1-800-922-9422

<b>INSURED</b>	JOHN DOE	0100012345	<b>POLICY NUMBER</b>
<b>POLICY DATE</b>	MAY 1, 2008	35 MALE	<b>ISSUE AGE AND SEX</b>
<b>FACE AMOUNT</b>	\$100,000	THE INSURED	<b>OWNER</b>
<b>BENEFICIARY</b>	AS DESIGNATED IN THE APPLICATION FOR THE POLICY UNLESS CHANGED AS OTHERWISE PROVIDED IN THIS POLICY.		

SCHEDULE OF PREMIUMS		ANNUAL	SEMI - ANNUAL	QUARTERLY	MONTHLY	SPECIAL MONTHLY
PLANNED PERIODIC PREMIUM		\$2,510.03				
PREMIUM CLASS				PREMIUM PAYMENT METHOD		
NON - TOBACCO				ANNUAL		
THE TOTAL PREMIUMS INCLUDE THE CHARGE FOR THE ADDITIONAL BENEFITS						
FORM	DESCRIPTION OF BENEFITS			BENEFIT AMOUNT	PREMIUMS	
					YEARS PAYABLE	ANNUAL AMOUNT

01-1140-08	<b>FLEXIBLE PREMIUM LIFE – INITIAL FACE AMOUNT</b> <b>DEATH BENEFIT OPTION 1</b> MAXIMUM PERCENT OF PREMIUM CHARGE – 10% ALL POLICY YEARS MAXIMUM MONTHLY EXPENSE CHARGE - \$ 12.50 ALL POLICY YEARS MAXIMUM MONTHLY ADMINISTRATIVE RATE – [ \$ .10 ] PER 1,000 OF FACE AMOUNT INTEREST RATE BONUS – [0.5%] LOAN INTEREST RATE – [5.94%] NO LAPSE GUARANTEE PERIOD – [20] YEARS MINIMUM MONTHLY CONTINUATION PREMIUM -- \$61.00 MINIMUM FACE AMOUNT - \$100,000.00	\$100,000		FLEXIBLE
01-3048(REV.01/05)	CHILDREN'S TERM LIFE INSURANCE RIDER	\$5,000	1	\$30.00
01-3049	SPOUSE TERM INSURANCE RIDER	\$20,000	1	\$72.00
01-3073-05	TOTAL DISABILITY PREMIUM PAYMENT RIDER	\$1,250		SEE RIDER
01-3046	WAIVER OF MONTHLY DEDUCTION DISABILITY BENEFIT RIDER			SEE RIDER
01-3045(REV.06/01)	ACCIDENTAL DEATH BENEFIT RIDER	\$100,000		SEE RIDER
01-3071-96	LIVING BENEFIT RIDER			SEE RIDER
01-3099-01	TERM INSURANCE RIDER	\$25,000	1	\$35.75
01-3098-01	OTHER INSURED RIDER	\$100,000	1	\$143.00
01-3118-05	LIFETIME NO LAPSE PREMIUM RIDER			\$240.00
01-3119-05	LIFETIME NO LAPSE MINIMUM MONTHLY PREMIUM [ 87.08 ]			
	PAID UP RIDER			
	MINIMUM LOAN PERCENTAGE [95.50%]			
	MINIMUM AGE [75]			
	MINIMUM POLICY DURATION [15 YEARS]			
	ONE TIME CHARGE [4.00%]			
	OPTION A PARTICIPATION RATE FOR THE FIRST POLICY YEAR [ 100% ]			
	MINIMUM OPTION A PARTICIPATION RATE 25%			
	OPTION D MONTHLY INDEX CAP RATE [ 2.00% ]			
	MINIMUM OPTION D MONTHLY INDEX CAP RATE 1.00%			
	INDEX DATES [ JANUARY 10th, APRIL 10th, JULY 10th, OCTOBER 10th ]			
	SELECTIONS FOR THE 1 <sup>ST</sup> INDEX DATE:			
	INDEX INTEREST CREDIT OPTION A [50%]			
	INDEX INTEREST CREDIT OPTION D [50%]			
	FIXED INTEREST AMOUNT [ 0%]			

MONTHLY MAXIMUM COST OF INSURANCE RATES  
POLICY FORM NO. 01-1140-08

POLICY YEAR	RATE PER \$ 1,000.00	POLICY YEAR	RATE PER \$ 1,000.00
1	0.09333	44	4.82083
2	0.09750	45	5.38417
3	0.10333	46	6.01250
4	0.11083	47	6.69667
5	0.11750	48	7.42333
6	0.12667	49	8.21667
7	0.13750	50	9.10167
8	0.15083	51	10.08667
9	0.16667	52	11.17250
10	0.18417	53	12.34917
11	0.20333	54	13.60250
12	0.22250	55	14.92083
13	0.23833	56	16.23750
14	0.25083	57	17.53750
15	0.26667	58	18.90250
16	0.28750	59	20.34583
17	0.31417	60	21.87083
18	0.34667	61	23.38500
19	0.38417	62	24.86833
20	0.43167	63	26.45333
21	0.48500	64	28.14917
22	0.54000	65	29.96417
23	0.59333	66	31.70417
24	0.64750	67	33.25250
25	0.71000	68	34.90500
26	0.78583	69	36.66667
27	0.87833	70	38.53583
28	0.98583	71	40.51167
29	1.10333	72	42.61667
30	1.22667	73	44.86000
31	1.35417	74	47.25083
32	1.48417	75	49.79750
33	1.61917	76	52.50667
34	1.76250	77	55.39333
35	1.92250	78	58.46500
36	2.11000	79	61.73583
37	2.33833	80	65.21333
38	2.60417	81	68.91167
39	2.88500	82	72.84250
40	3.18667	83	77.01833
41	3.51583	84	81.45167
42	3.88667	85	83.33333
43	4.31833	86	83.33333

BASIS FOR GUARANTEED COST OF INSURANCE AND  
CASH VALUE  
100% OF THE 2001 COMMISSIONERS STANDARD ORDINARY  
MALE NS MORTALITY TABLE ULTIMATE ALB  
1% GUARANTEED ANNUAL INTEREST RATE  
4.0% UNAMORTIZED EXPENSE ALLOWANCE INTEREST RATE

SURRENDER CHARGES  
POLICY FORM NO. 01-1140-08

<u>POLICY YEAR</u>	<u>CHARGE</u>
1	\$2,100.00
2	\$1,995.00
3	\$1,890.00
4	\$1,764.00
5	\$1,638.00
6	\$1,512.00
7	\$1,386.00
8	\$1,260.00
9	\$1,155.00
10	\$1,050.00
11	\$945.00
12	\$840.00
13	\$735.00
14	\$630.00
15	\$525.00
16	\$420.00
17	\$315.00
18	\$210.00
19	\$105.00
20 and later	\$0.00

## DEFINITIONS

**POLICY ANNIVERSARY** means the month and day of the Policy Date of each year after the Policy Date.

**POLICY DATE** is the date from which Policy Anniversaries, Policy Years, Policy Months, and Monthly Anniversaries are determined. This date is shown on Page 1.

**POLICY MONTH** means a one month period beginning on each Monthly Anniversary and ending on the day before the succeeding Monthly Anniversary. The first month begins on the Policy Date.

**POLICY YEAR** means a one year period beginning on each Policy Anniversary and ending on the day before the succeeding Policy Anniversary. The first Policy Year begins on the Policy Date.

**MONTHLY ANNIVERSARY** means the day of the month in the Policy Date for each month after the Policy Date. If there is no such day of that month, the Monthly Anniversary will be the last day of that month.

**INSURED** means the person shown on Page 3 as the Insured.

**NET PREMIUM** means the premium paid multiplied by one minus a percent of premium charge that will never be greater than the maximum percent of premium charge shown on Page 3.

**PREMIUM CLASS** is the rating class of the Insured as determined through underwriting. The Premium Class is shown on Page 3.

## GENERAL PROVISIONS

### OWNER

The Owner is named on Page 1. The Owner is called "you". You have all rights under the policy during the lifetime of the Insured. If you die before the Insured, your estate becomes the Owner, unless you have provided otherwise.

You may name a contingent Owner or a new Owner at any time during the lifetime of the Insured. After the change is recorded at our office in Austin, Texas, it will be effective as of the date you requested it. It will not apply to any payment made or action taken by us before it was recorded.

### BENEFICIARY

The Beneficiary will receive the Death Benefit Proceeds when the Insured dies. If there are two or more living Beneficiaries, they will receive equal shares, unless you have provided otherwise. If no Beneficiary is living when the Insured dies, we will consider you to be the Beneficiary. If the Owner is not living, we will consider the estate of the Owner to be the Beneficiary.

The Beneficiary or Beneficiaries and any contingent Beneficiaries are named in the application. A contingent Beneficiary becomes the Beneficiary if the Beneficiary dies before the Insured.

You may name or change Beneficiaries or contingent Beneficiaries at any time during the lifetime of the Insured, except that a Beneficiary irrevocably designated may not be changed without that irrevocable Beneficiary's written consent. After the change is recorded at our office in Austin, Texas, it will be effective as of the date you requested it. It will not apply to any payment made or action taken by us before it was recorded.

### EFFECTIVE DATE

The Effective Date of coverage under this policy is when:

1. The application is approved at our office in Austin, Texas; and
2. We deliver the policy; and
3. The Initial Premium has been paid; and
4. Each of the prior three conditions is satisfied while the proposed Insured is alive and their health and insurability are as described in the application.

For any insurance that has been reinstated, the Effective Date shall be determined according to the provisions of the reinstatement application.

The Effective Date of reinstatement will be determined according to the terms of the reinstatement application. The Effective Date of a reinstated policy for purposes of the Suicide and Incontestability provisions shall be measured from the Effective Date of reinstatement.

#### **TERMINATION OF INSURANCE**

This policy will terminate at the earliest of:

1. The date that we receive a written request from you to surrender the policy for the Cash Value; or
2. The date that the Grace Period ends, without the required premium being paid, as described in the Grace Period provision; or
3. The date the Insured dies.

#### **DEATH BENEFIT PROCEEDS**

We will pay the Death Benefit Proceeds to the Beneficiary, subject to the provisions of this policy, when we receive due proof that the death of the Insured occurred while this policy was in force. The Death Benefit Proceeds will be:

1. The Death Benefit described below; less
2. Any Loans and unpaid Loan interest on the policy, as of the date of death.

#### **DEATH BENEFIT**

The Death Benefit is subject to the adjustments required by the Misstatement of Age or Sex, Incontestability, Suicide, Partial Surrender provisions, and by Option 1 and Option 2 below.

You have the choice of two death benefits. The option that applies at issue is stated on Page 3.

##### **Option 1**

The Death Benefit will be equal to the greater of:

1. The Face Amount, shown on Page 3; or
2. The Account Balance on the date of death multiplied by the Death Benefit percent in the following table for the Insured's age as of the last Policy Anniversary.

##### **Option 2**

The Death Benefit will be equal to the greater of:

1. The Face Amount, shown on Page 3, plus the Account Balance; or
2. The Account Balance on the date of death multiplied by the Death Benefit percent in the following table for the Insured's age as of the last Policy Anniversary.

**Table of Death Benefit Percent  
Insured's Age as of the Last Policy Anniversary**

<b>Attained Age</b>	<b>Death Benefit Percent</b>	<b>Attained Age</b>	<b>Death Benefit Percent</b>	<b>Attained Age</b>	<b>Death Benefit Percent</b>
0-40	250%	54	157%	68	117%
41	243	55	150	69	116
42	236	56	146	70	115
43	229	57	142	71	113
44	222	58	138	72	111
45	215	59	134	73	109
46	209	60	130	74	107
47	203	61	128	75-90	105
48	197	62	126	91	104
49	191	63	124	92	103
50	185	64	122	93	102
51	178	65	120	94	101
52	171	66	119	95-121	100
53	164	67	118		

#### **DEATH BENEFIT EXTENSION**

On the Policy Anniversary after the Insured attains age 121, the Death Benefit provision of this policy will apply, subject to the following conditions:

1. The policy must be in force.
2. No further premium payments will be accepted by us.
3. We will continue to credit interest at the declared rate.
4. Interest on Loans will continue to accrue.
5. No additional Loans or partial surrenders will be allowed.
6. There will be no further Monthly Deductions.
7. This provision will have no effect on the termination of any riders attached to this policy. All riders will terminate as provided in the rider.

The policy may not qualify as life insurance and may be subject to tax consequences. A tax advisor should be consulted.

#### **DEATH BENEFIT OPTION CHANGE**

Changes in the Death Benefit option may be requested in writing after the first Policy Anniversary. We reserve the right to require evidence of insurability satisfactory to us for a change from Option 1 to Option 2. When you change from Option 1 to Option 2, the Face Amount remains the same. However, the Death Benefit will be increased by the amount of the Account Balance. When you change from Option 2 to Option 1, the Death Benefit remains the same. However, the Face Amount will be increased by the amount of the Account Balance.

The Effective Date of the change will be the Monthly Anniversary following the day we approve the request for the change. Only one change is permitted in any twelve month period.

#### **FACE AMOUNT CHANGE**

At any time after the first Policy Anniversary, the Face Amount may be increased or decreased by written request from you. Changing the Face Amount is subject to:

1. **Face Amount Decreases-**  
Any decrease will become effective on the Monthly Anniversary following receipt of the request by us. Any such decrease will reduce the Face Amount in the following order:

- a. The most recent increase in Face Amount; then
- b. The next most recent Face Amount increases successively; then
- c. The initial Face Amount.

The Face Amount in effect at any time under this policy may not be less than the minimum Face Amount specified on Page 3.

## 2. Face Amount Increases-

Any request for an increase must be applied for on a separate application. It shall be subject to evidence of insurability satisfactory to us. The increase must be for a minimum of \$10,000. Any approved increase will be effective on the Monthly Anniversary shown in the Face Amount Change endorsement. It will result in application of the Face Amount increase charge described in the Monthly Deduction provision. Only one increase will be permitted in any twelve month period.

## **ACCOUNT BALANCE**

The Account Balance on the Policy Date will be zero.

The Account Balance on each Monthly Anniversary is equal to (a) plus (b) plus (c) plus (d) where:

- (a) is the Account Balance on the preceding Monthly Anniversary minus any partial surrenders and partial surrender charges since the last Monthly Anniversary minus the Monthly Deduction;
- (b) is any Net Premiums applied since the last Monthly Anniversary;
- (c) is the Fixed Interest, if any, as described in this policy;
- (d) is the Index Interest, if any, on the Index Amount, as described in the Index Interest Credit Option or Options attached to this policy.

On any day that is not a Monthly Anniversary, the Account Balance is equal to (a) plus (b).

## **FIXED INTEREST**

Fixed Interest is equal to (1) plus (2) plus (3) minus (4), where:

- (1) is the Monthly Interest Rate times the difference between (a), as stated above in the Account Balance provision, and the Total Index Amount, the result of which is not less than zero;
- (2) is the partial Monthly Interest Rate times the Net Premiums applied since the last Monthly Anniversary; the partial Monthly Interest Rate is based on the time period from the date the Net Premiums are applied to the Monthly Anniversary;
- (3) is the partial Monthly Interest Rate times the sum of any Index Amount with an Index Anniversary during the month and the Index Interest, if any, on the Index Amount; the partial Monthly Interest Rate is based on the time period from the Index Date to the Monthly Anniversary;
- (4) is the partial Monthly Interest Rate times any newly allocated Index Amount; the partial Monthly Interest Rate is based on the time period from the Index Date to the Monthly Anniversary.

Fixed Interest for (3) and (4) only occurs in policy months that include an Index Date.

## **FIXED INTEREST AMOUNT**

You may allocate a portion of the Account Balance to the Fixed Interest Amount on an Index Date according to the Fixed Interest Amount Allocation Percentage that you select, either on the application supplement or by your written request. The Fixed Interest Amount is the Allocation Percentage for the Fixed Interest Amount times the result of (a) minus (b) minus (c), where:

- (a) is the Account Balance on the prior Monthly Anniversary plus any Net Premium applied since the prior Monthly Anniversary minus any partial surrenders and partial surrender charges since the prior Monthly Anniversary plus any Index Interest credited on the Index Date minus the Yearly Charges;
- (b) is the Total Index Amount;
- (c) is any previously allocated amounts to the Fixed Interest Amount.

The amount allocated to the Fixed Interest Amount will remain allocated to the Fixed Interest Amount for twelve months. You may request in writing to transfer, according to the Changes and Transfers provision of this policy, all or part of the Fixed Interest Amount to an Index Amount.

The interest is credited to the Fixed Interest Amount on each Monthly Anniversary, as described in the Fixed Interest provision, using the Monthly Interest Rate.

The Fixed Interest Amount may be decreased due to transfers to an Index Amount or due to partial surrenders and partial surrender charges.

### **MONTHLY INTEREST RATE**

The Monthly Interest Rate used in calculating the Fixed Interest is not less than .083% per month, compounded monthly. This is the equivalent to a guaranteed annual interest rate of 1.0% compounded annually. We may use interest rates greater than the guaranteed annual interest rate of 1.0% compounded annually.

### **INTEREST RATE BONUS**

The Interest Rate Bonus is stated on Page 3 and is stated as an effective annual interest rate. The Interest Rate Bonus is credited to the Account Balance after the tenth Policy Anniversary and is subject to the following condition: The declared annual interest rate on the Account Balance as described in the Fixed Interest provision of this policy must be greater than the guaranteed annual interest rate of 1.0%.

When this condition is satisfied, the Interest Rate Bonus for the Fixed Interest and the Index Interest will be determined as follows:

1. The Interest Rate Bonus for the calculation of the Fixed Interest is the effective annual Interest Rate Bonus converted to a monthly Interest Rate Bonus. At the end of the first Monthly Anniversary following the tenth Policy Anniversary, and at the end of each Policy Month thereafter, in the calculation of the Fixed Interest, the monthly Interest Rate Bonus will increase the Monthly Interest Rate used in the calculation of the Fixed Interest.
2. The Interest Rate Bonus for the calculation of the Index Interest, as described in the Index Interest Credit Options attached to this policy, is the effective annual Interest Rate Bonus. On the first Index Anniversary following the tenth Policy Anniversary and on each Index Anniversary thereafter, the Index Interest will include the Interest Rate Bonus as stated on Page 3. The Interest Rate Bonus will increase the Index Interest in the Index Interest Credit Options attached to this policy.

### **MINIMUM GUARANTEED ACCOUNT BALANCE**

The Minimum Guaranteed Account Balance on the Policy Date will be zero.

The Minimum Guaranteed Account Balance on each Monthly Anniversary is equal to (1) plus (2) where:

- (1) is the Minimum Guaranteed Account Balance on the preceding Monthly Anniversary, less the Monthly Deduction for the prior Policy Month, less any partial surrenders and partial surrender charges since the last Monthly Anniversary, multiplied by 1.00083; and
- (2) is the Net Premiums received since the preceding Monthly Anniversary, multiplied by the portion of 1.00083 from the date the Net Premiums are applied by us to the Monthly Anniversary.

On any day which is not a Monthly Anniversary, the Minimum Guaranteed Account Balance is equal to the Minimum Guaranteed Account Balance on the last Monthly Anniversary, less any partial surrenders and partial surrender charges since the last Monthly Anniversary, plus any Net Premiums applied since the last Monthly Anniversary minus the Monthly Deduction for the current Policy Month.

### **INDEX INTEREST CREDIT OPTIONS**

We may provide for one or more Index Interest Credit Options. The Index Interest Credit Options available under this policy on the Policy Date are attached to this policy and are stated on Page 3. The Index Interest Credit Options state the method of determining the Index Interest, which is linked in part to the Index, on the Index Amount.

The Index Interest Credit Option or Options that you select for the first Index Date are shown on Page 3. After the first Index Date, you may request a change of the Index Interest Credit Option or Options that you selected on the application supplement. The changed Index Interest Credit Options that you select will apply to any available Index Amount on the next Index Date. The request to change the Index Interest Credit Option or Options must satisfy the Changes and Transfers provision of this policy.

## **CHANGES AND TRANSFERS**

For any Index Date you may request a change of the Fixed Interest Amount or the Index Interest Credit Option or Options and the Allocation Percentages for the Fixed Interest Amount and the Index Interest Credit Option or Options. You must request the change in writing, as described below.

For any Index Date after the first, you may request a transfer of all or a portion of the Fixed Interest Amount to an Index Amount. You must request the transfer in writing, as described below.

Your written request:

1. to change the Fixed Interest Amount; or
2. to change the Index Interest Credit Option or Options; or
3. to change the Allocation Percentages; or
4. to transfer all or a portion of the Fixed Interest Amount to an Index Amount;

must be received at our office in Austin, Texas at least 20 days prior to the next Index Date. The written request to change or transfer that is received after the 20 day notification period may not be processed by the Index Date. If the request to change or transfer is received after the 20 day notification period and is not processed prior to the Index Date, such request to change or transfer will apply to the following Index Date.

## **INDEX**

The Index is the Standard & Poor's 500® Composite Stock Price Index, which excludes dividends. If publication of the Index is discontinued, or the calculation is substantially changed or is not available to us, we may substitute an alternative index and notify you in writing.

## **INDEX DATES**

There are four Index Dates each calendar year. The four Index Dates are stated on Page 3.

The first Index Date of your policy is the Index Date immediately following the date the first Net Premium is applied.

## **INDEX VALUE**

On an Index Date, the Index Value is the closing value of the Index. Index Values on any date that is not an Index Date are as described in the Index Interest Credit Option or Options attached to this policy.

If the closing value of the Index is not available, we will use the closing value of the Index on the first preceding day for which the closing value of the Index is available.

## **CORRECTION OF ERROR IN THE INDEX VALUE**

If Standard & Poor's publishes a correction of the Index Value within 30 days of the original publication, the Index Value used in this policy will be the corrected Index Value. However, if Standard & Poor's publishes a correction of the Index Value more than 30 days past the original publication date, the Index Value used in this policy will be the original Index Value as originally published.

## **ALLOCATION PERCENTAGE**

The Allocation Percentage is the percentage that you select on the application supplement for each Index Interest Credit Option and for the Fixed Interest Amount. The Allocation Percentages that you select for the first Index Date are shown on Page 3. The Allocation Percentages must be in whole numbers and must add to no more than 100%.

The Allocation Percentages may be changed according to the Changes and Transfers provision of this policy.

## **INDEX AMOUNT**

The Index Amount(s) is the portion of the Account Balance allocated on an Index Date according to the Index Interest Credit Option or Options and the Allocation Percentages that you selected, either on the application

supplement or by your written request. The Index Amount is the Allocation Percentage for the Index Interest Credit Option times the result of (a) minus (b) minus (c), where:

- (a) is the Account Balance on the prior Monthly Anniversary plus any Net Premium applied since the prior Monthly Anniversary minus any partial surrenders and partial surrender charges since the prior Monthly Anniversary plus any Index Interest credited on the Index Date minus the Yearly Charges;
- (b) is the Total Index Amount;
- (c) is any previously allocated amounts to the Fixed Interest Amount.

An Index Amount will remain allocated to the Index Interest Credit Option for twelve months. Twelve months from each Index Date is a corresponding Index Anniversary. On each corresponding Index Anniversary, Index Interest, which is determined using the formula for the Index Interest Credit Option that you selected and which is attached to this policy, is calculated on the Index Amount. The Index Interest is credited to the Account Balance, as described in the Account Balance provision of this policy.

On any Index Date, an Index Amount may be increased due to transfers from the Fixed Interest Amount. The transfers from the Fixed Interest Amount must satisfy the Changes and Transfers provision of this policy.

Any Index Amount may be decreased due to partial surrenders and partial surrender charges, as described in the Partial Surrender provision of this policy.

### **YEARLY CHARGES**

The Yearly Charges are twelve times the Monthly Deduction for the month in which the Index Date occurs. It is used in the calculation of the Index Amount.

### **TOTAL INDEX AMOUNT**

On a date that is not an Index Date, the Total Index Amount is the sum of the Index Amounts allocated to the Index Interest Credit Option or Options that you selected for the prior four (4) Index Dates. On an Index Date, the Total Index Amount is the sum of the Index Amounts allocated to the Index Interest Credit Option or Options that you selected for the prior three (3) Index Dates.

### **MONTHLY DEDUCTION**

The Monthly Deduction for a Policy Month is equal to (1), plus (2), plus (3), plus (4), plus (5), where:

- (1) Is the Monthly Cost of Insurance and the cost of any additional benefits provided by rider for each Policy Month.
- (2) Is the monthly administration charge. The monthly administration charge cannot exceed the Maximum Monthly Administration Charge shown on Page 3.
- (3) Is the monthly expense charge. The monthly expense charge cannot exceed the Maximum Monthly Expense Charge shown on Page 3.
- (4) Is the Face Amount increase charge. It is equal to the amount of the increase times the increase charge shown below. The charge is made in the Policy Month when the increase is effective.
- (5) Is any amounts necessary to pay any taxes, fees, or assessments which may be imposed by State, Federal, or Municipal governments that have not otherwise been deducted.

<b>Face Amount Increase Charge Per \$1,000 Of Increase</b>	
<b><u>Attained Age</u></b>	<b><u>Charge</u></b>
0-35	\$2.00
36-40	3.00
41-45	4.00
46-50	5.00
Over 50	6.00

This is a one time charge made at the time the increase is effective. It is based on the Insured's age on the last Policy Anniversary.

### **MONTHLY COST OF INSURANCE**

The Monthly Cost of Insurance is equal to (1) minus (2) and then multiplying this result by (3), where:

- (1) Is the Death Benefit at the beginning of the Policy Month divided by the sum of one plus the minimum Monthly Interest Rate (1.00083).
- (2) Is the Account Balance at the beginning of the Policy Month.
- (3) Is the Monthly Cost of Insurance Rate.

### **COST OF INSURANCE RATE**

We will periodically set or adjust the Monthly Cost of Insurance Rate. The Monthly Cost of Insurance Rate is based on the Insured's rating class and sex on the Policy Date and attained age at the last Policy Anniversary. In setting these rates we will consider many factors including, but not limited to, mortality, expenses, investment return, inflation, taxes, assessments, and persistency. The monthly maximum cost of insurance rates are shown on Page 4. If a change is made in the current rate, the change will apply to all individuals in the same rating class as the Insured.

### **BASIS OF COMPUTATIONS**

Minimum cash values are based on the mortality table and interest rates shown on Page 4.

### **SURRENDER**

This policy may be surrendered on any Monthly Anniversary during the lifetime of the Insured upon written request to us by you. The amount payable upon surrender is the Cash Value. The Cash Value will be paid in a single sum or under a settlement option elected by you.

### **CASH VALUE**

The Cash Value is equal to:

1. The greater of the Account Balance or the Minimum Guaranteed Account Balance on the date of surrender, minus
2. Any Loans and Loan interest; minus
3. The surrender charge, if any.

If surrender is made within 30 days after a Policy Anniversary, the Cash Value will not be less than the Cash Value on that Policy Anniversary plus any Net Premiums received since the prior Policy Anniversary minus any partial surrenders and partial surrender charges or Loans made on or after that Policy Anniversary.

### **SURRENDER CHARGE**

The surrender charge used in the calculation of the Cash Value is from the Surrender Charge Table shown on Page 5.

### **PARTIAL SURRENDER**

A partial surrender may be made at any time during the lifetime of the Insured. A written request must be received by us from you. The maximum partial surrender that may be made is the Cash Value minus an amount equal to the sum of Monthly Deductions to the next Policy Anniversary. The minimum partial surrender is \$200.

When a partial surrender is made, the amount of the partial surrender will be deducted from the Account Balance.

If the amount of the partial surrender plus the partial surrender charge exceeds (a) plus (b) plus (c) minus (d) minus (e), where:

- (a) is the Account Balance on the prior Monthly Anniversary; and
- (b) is the Net Premium applied since the last Monthly Anniversary; and
- (c) is the Index Interest credited on the Index Date, if any, since the last Monthly Anniversary; and
- (d) is the Yearly Charges; and
- (e) is the Total Index Amount and the Fixed Interest Amount,

then an amount equal to this excess will be deducted first from the Fixed Interest Amount starting with the most recently created Fixed Interest Amount. After the deductions from all of the Fixed Interest Amounts, then any remaining excess will be deducted from the Index Amounts, starting with the most recently created Index Amount, until an amount equal to the excess has been deducted. If more than one Index Amount was created

on the same Index Date, the excess amount of the partial surrender plus the partial surrender charge will be deducted from each Index Amount proportionately.

The Face Amount will also be reduced by the amount of the partial surrender if the Death Benefit is Option 1. The remaining Face Amount will be subject to the minimum amount defined in the Face Amount Change provision.

A partial surrender charge of \$25 will be deducted from each partial surrender amount. Partial surrenders will be limited to one each Policy Year.

### **INITIAL PREMIUM**

The Initial Premium is the premium paid at our office in Austin, Texas on or before delivery of this policy or to an authorized agent upon delivery of a receipt signed by the agent.

### **PLANNED PERIODIC PREMIUMS**

The Planned Periodic Premium is shown on Page 3.

Changes in frequency and increases or decreases in amount of Planned Periodic Premium payments may be made by you. We reserve the right to limit the amount of any increase. If any payment would increase the Death Benefit by more than it increases the Account Balance, then evidence of insurability satisfactory to us may be required.

The maximum total paid premium that we will accept under this policy is limited to the guideline premium limitation as defined by Section 7702, Internal Revenue Code of 1986, or as later amended. Any premium that is determined to be in excess of this limit will be refunded.

After the Initial Premium is made, we will accept premium at our office in Austin, Texas while this policy is in force.

Between premium payments, this policy will be continued as described in the Continuation of Insurance provision.

### **CONTINUATION OF INSURANCE**

If premiums are not continued, the Death Benefit under this policy and any benefits provided by any rider will be continued, subject to the Grace Period provision, until the Cash Value is not enough to cover the Monthly Deduction. This provision will not continue the policy nor any rider beyond the termination date.

### **GRACE PERIOD**

If the Cash Value on the Monthly Anniversary is insufficient to cover the Monthly Deduction for the current Policy Month, this policy will remain in force during the 61 day Grace Period that follows. Notice of the required premium will be sent to the Owner at last known address, and any assignee of record at least 31 days prior to the lapse of this policy. If the required premium is not paid by the end of the Grace Period, all coverages under this policy will terminate without value. If a Death Benefit claim becomes payable during the Grace Period, we will pay the Death Benefit Proceeds, less any overdue Monthly Deduction.

During the number of Policy Years shown by the No Lapse Guarantee Period on Page 3 of this policy, the policy will not terminate if on each Monthly Anniversary the sum of premiums paid is equal to or exceeds 1 plus 2, where:

1. is the sum of the minimum monthly continuation premium in effect at the beginning of each Monthly Anniversary, starting with the Policy Date and ending with the current Monthly Anniversary.
2. is the sum of all existing Loans, Loan interest, and partial surrenders.

The initial Minimum Monthly Continuation Premium is stated on Page 3. For any coverage changes, other than a Face Amount decrease, the Minimum Monthly Continuation Premium will be adjusted to reflect the coverage change.

### **CONDITIONS FOR POLICY REINSTATEMENT**

If the Grace Period expires without enough premium being paid, you may reinstate this policy as follows:

1. The request for reinstatement must be made in writing during the Insured's lifetime and within five years after the expiration of the Grace Period; and

2. We must receive evidence of insurability satisfactory to us; and
3. Payment must be received for the lesser of:
  - a. the Monthly Deduction for the Grace Period, plus an amount sufficient to keep the policy in force for six months; or
  - b. the amount necessary to comply during the No Lapse Guarantee Period; and
4. The Effective Date of the reinstatement will be determined according to the terms of the reinstatement application. The Effective Date of a reinstated policy for purpose of the Incontestability provision shall be measured from the Effective Date of reinstatement; and
5. Payment or reinstatement of any Loans and Loan interest against the policy that existed at the end of the Grace Period must be made.

## **LOAN**

You may obtain a Loan from us using the Cash Value as the only Loan security. The Loan must be requested in writing and received by us. It will have the following conditions:

1. The Loan may not exceed the Cash Value, minus the sum of the Monthly Deductions to the next Policy Anniversary.
2. The Loan Interest Rate for the first Policy Year is shown on Page 3. Loan interest is payable in advance on the amount borrowed to the next Policy Anniversary. On each Policy Anniversary, Loan interest is payable in advance for the next Policy Year. Interest not paid when due will be added to the Loan and bear interest at the same rate.
3. All or part of the Loan may be repaid to us any time the policy is in force during the lifetime of the Insured. Each payment must be at least \$50.
4. Upon surrender of the policy for the Cash Value, any Loan and Loan interest are deducted from the Cash Value as described in the Cash Value provision.
5. Upon the death of the Insured, the Loan and Loan interest are deducted from the Death Benefit Proceeds, as described in the Death Benefit Proceeds provision of this policy.
6. If the Loan balance becomes more than the Account Balance, less surrender charge, this policy will remain in force during the 61 day Grace Period that follows. Notice of required premium will be sent to the Owner and any assignee of record at least 31 days prior to the lapse of this policy. The policy will lapse unless the Grace Period provisions are met.
7. The policy must be in force when the Loan request is made.

## **LOAN INTEREST RATE**

The Loan Interest Rate is the effective annual rate that is the greater of:

1. The "Published Monthly Average" rate; or
2. The guaranteed annual interest rate plus 1%.

The Loan Interest Rate is subject to the following conditions:

1. It will not be greater than the maximum adjustable rate permitted by the laws of the state where this policy is issued.
2. It will be established on the Policy Date and on every Policy Anniversary thereafter. The Loan Interest Rate for Loans made in the first Policy Year is shown on Page 3. The Loan Interest Rate will be changed, subject to 3 and 4 below, only on Policy Anniversaries.

3. If the Loan Interest Rate for a Policy Year is at least ½% higher than the Loan Interest Rate in effect for the previous Policy Year, we will change to the higher rate.
4. If the Loan Interest Rate for a Policy Year is at least ½% lower than the Loan Interest Rate in effect for the previous Policy Year, we will change to the lower rate.
5. It will be expressed in terms of the equivalent rate payable in advance.

Every time you make a Loan we will notify you of the initial Loan Interest Rate on that Loan. The Loan Interest Rate for all new and existing Loans is determined on each Policy Anniversary each Policy Year. If you have a Loan, we will send you written notice of any change in the Loan Interest Rate at least 30 days before the Policy Anniversary.

The "Published Monthly Average" means:

1. Moody's Corporate Bond Yield Average – Monthly Average Corporates as published by Moody's Investors Service, Inc., or any successor thereto; or
2. In the event that Moody's Corporate Bond Yield Average – Monthly Average Corporates is no longer published, a substantially similar average will be established by regulation issued by the insurance Commissioner of the state where this policy was issued.

The Loan Interest Rate is determined on January first and July first of each calendar year. The January rate equals the Average for the previous October and applies to Policy Years in which the Policy Date is in January through June. The July rate equals the Average for the previous April and applies to Policy Years in which the Policy Date is in July through December.

#### **ANNUAL REPORT**

An Annual Report will be sent to you at least once a year without charge. This report will show the current amount of insurance, Account Balance, Cash Value, and Loan balance of the policy. It will also show the premiums paid, partial surrenders, and the charges made on the policy since the last report.

#### **PROJECTION REPORT**

You may at any time request a Projection Report. The projection will be made for at least 20 years from the date of the report on a year-by-year basis. The report will begin with the Account Balance of this policy on the date of this report. The report will have a projection using the guaranteed annual interest rate, maximum expense charges, and the guaranteed maximum costs of insurance. You are entitled to one Projection Report each calendar year without charge. The fee for each additional projection report will not exceed \$15.00.

#### **DELAYED PAYMENT OF CASH SURRENDER OR POLICY LOAN**

We have the right to delay the payment of any cash surrender or the granting of a Loan for up to six months after a request in writing, unless the Loan will be used to pay premiums.

#### **SUICIDE**

Within two years after the Policy Date, if the death of the Insured is the result of suicide, while sane or insane, we will pay nothing under the policy except to return premiums that have been paid, less all partial surrenders and partial surrender charges and any Loan balance.

Within two years from the Effective Date of any increase in the Face Amount, if the death of the Insured is the result of suicide, while sane or insane, we will pay nothing with respect to the increases except to return all Monthly Deductions deducted for such increases.

#### **INCONTESTABILITY**

With respect to statements made in the initial application, any subsequent applications, and amendments thereto for this policy, we will not contest this policy after it has been in force during the lifetime of the Insured for two years from the Policy Date, except for rider provisions relating to disability benefits or additional benefits in the event of accidental death.

With respect to statements made in any application for increases or additions in coverage, we will not contest the increase or addition in coverage after the increase or addition has been in force during the lifetime of the

Insured, for two years after the Effective Date of the increase or addition, except for rider provisions relating to disability benefits or additional benefits in the event of accidental death.

With respect to statements made in the application for policy reinstatements, we will not contest the policy reinstatement after the reinstatement has been in force during the lifetime of the Insured for two years after the Effective Date of reinstatement, except for fraud.

**MISSTATEMENT OF AGE OR SEX**

This policy is issued at the age and sex shown on Page 3. This is the Insured's age at last birthday on the Policy Date, according to the Insured's date of birth and sex given in the application. If the age or sex of the Insured has been misstated, the Death Benefit shall be that which would have been purchased using the cost of insurance rates based on the correct age or sex.

**ASSIGNMENT**

You may assign rights under this policy to someone else unless an irrevocable Beneficiary has been designated. However, we will not be bound by the assignment until notice is recorded at our office in Austin, Texas. Any assignment will be subject to any amounts owed to us before the assignment was recorded. We are not responsible for the validity of any assignment.

## SETTLEMENT OPTIONS

### GENERAL PROVISIONS

Instead of payment in one sum, the Cash Value or Death Benefit Proceeds of this policy may be paid under one of the settlement options listed below.

The amount applied to an option must be at least \$2,000 or to provide periodic payments of at least \$20.

Before proceeds are due, you may choose or change an option by writing to us. After the proceeds are due, the payee may choose an option if:

1. You have not made a prior choice which is still in force; and
2. The proceeds are due in one sum and have not been paid.

Unless you name a payee, you will be the payee for all amounts other than death proceeds. If the payee is not a natural person an option is not available without our consent. An option is not available to an assignee.

An option starts when proceeds are due, if:

1. An option has been chosen;
2. You have sent us this policy; and
3. We have sent the payee an option agreement.

The option agreement will describe the payments the payee will get. If the payee stops the option agreement in the first 60 days after the option starts, we will pay the original proceeds less any payments we have already made.

### INTEREST

The interest rate for all options is 2.0% a year, compounded annually. Excess interest may be allowed at our discretion.

### FIRST PAYMENT

The first payment under Options 1 through 4 is made when the option starts. Under Option 5 interest is earned from the date the option starts.

### OPTION 1 - INCOME FOR LIFE

The proceeds may be paid in equal monthly payments until the payee dies. The amount of each payment is shown in Option 1 Table. We may require proof of the payee's age.

### OPTION 2 - LIFE INCOME WITH A GUARANTEED PERIOD

The proceeds may be paid in equal monthly payments. These payments may be guaranteed for 5, 10, 15, or 20 years. After the guaranteed payments have been made, payments will be made until the payee dies. The amount of each payment is shown in Option 2 Table. We may require proof of the payee's age.

### OPTION 3 - LIFE INCOME WITH INSTALLMENT REFUND

The proceeds may be paid in equal monthly payments. These payments will be guaranteed until the total paid equals the proceeds applied. After the guaranteed payments have been made, payments will be made until the payee dies.

### OPTION 4 - PAYMENTS FOR A FIXED PERIOD

The proceeds may be paid in equal monthly payments for up to 30 years. The amount of each payment is shown in Option 4 Table.

### OPTION 5 - INTEREST

The proceeds may be left with us to earn interest for a specified period. This period may not exceed 30 years. After the option starts, the payee may withdraw in one sum any unpaid amount left with us with any unpaid interest. If the payee dies before the end of the specified period any unpaid amount together with any unpaid interest will be paid in one sum to the payee's estate.

### BASIS OF CALCULATIONS

The payment amounts illustrated in Option Tables 1, 2, and 3 are based on the 1983 Table a (female), projected to 1995, and 2.0% interest. The attained age of the payee when the option starts will be adjusted downward by one year for each full five (5) year period that has elapsed since January 1, 1995.

We reserve the right to reduce the settlement option payments after such payments have begun, to reflect any State, Federal, or Municipal taxes or any fees or assessments, payment of which is required or authorized by law, which have not otherwise been deducted or offset.

**OPTION 1 AND 2 TABLE - MINIMUM INCOME FOR LIFE OR LIFE  
INCOME WITH GUARANTEED PERIOD**

Monthly payments per \$1,000 of proceeds based on adjusted age of payee when option starts.

The payment for ages not shown will be furnished upon request.

Payments based on 1983 Table a (female), projected to 1995, and 2.0% interest.

Adjusted Age of Payee	Income For Life	5 Years Guaranteed	10 Years Guaranteed	15 Years Guaranteed	20 Years Guaranteed
50	\$3.14	\$3.14	\$3.13	\$3.12	\$3.09
51	3.19	3.19	3.18	3.17	3.14
52	3.25	3.25	3.24	3.22	3.19
53	3.31	3.31	3.29	3.27	3.24
54	3.37	3.37	3.35	3.33	3.29
55	3.43	3.43	3.42	3.39	3.35
56	3.50	3.50	3.48	3.45	3.40
57	3.57	3.57	3.55	3.52	3.46
58	3.65	3.64	3.62	3.58	3.52
59	3.73	3.72	3.69	3.65	3.58
60	3.81	3.80	3.78	3.73	3.65
61	3.90	3.89	3.86	3.80	3.71
62	3.99	3.98	3.95	3.88	3.78
63	4.09	4.08	4.04	3.97	3.85
64	4.20	4.18	4.14	4.05	3.92
65	4.31	4.29	4.24	4.14	3.99
66	4.43	4.41	4.35	4.23	4.06
67	4.55	4.53	4.46	4.33	4.14
68	4.69	4.66	4.58	4.43	4.21
69	4.83	4.80	4.70	4.53	4.28
70	4.98	4.94	4.83	4.64	4.35
71	5.14	5.10	4.97	4.74	4.42
72	5.31	5.26	5.12	4.85	4.48
73	5.50	5.44	5.27	4.96	4.55
74	5.69	5.63	5.43	5.07	4.61
75	5.91	5.83	5.59	5.19	4.66

**OPTION 3 TABLE - LIFE INCOME WITH INSTALLMENT REFUND**

Monthly payments per \$1,000 of proceeds based on adjusted age of payee when option starts.

The payment for ages not shown will be furnished upon request.

Payments based on 1983 Table a (female), projected to 1995, and 2.0% interest.

Adjusted Age of Payee		Adjusted Age of Payee		Adjusted Age of Payee	
50	\$3.04	60	\$3.58	70	\$4.42
51	3.08	61	3.64	71	4.53
52	3.13	62	3.72	72	4.65
53	3.17	63	3.79	73	4.77
54	3.23	64	3.87	74	4.89
55	3.28	65	3.95	75	5.03
56	3.33	66	4.04		
57	3.39	67	4.13		
58	3.45	68	4.22		
59	3.51	69	4.32		

**OPTION 4 TABLE - PAYMENTS FOR A FIXED PERIOD**

Monthly payments per \$1,000 of proceeds.

Payments based on 2.0% interest.

Number of Years Paid	Monthly	Number of Years Paid	Monthly	Number of Years Paid	Monthly
1	\$84.23	11	\$8.44	21	\$4.85
2	42.53	12	7.81	22	4.68
3	28.63	13	7.28	23	4.51
4	21.69	14	6.82	24	4.37
5	17.52	15	6.43	25	4.23
6	14.74	16	6.08	26	4.10
7	12.76	17	5.78	27	3.99
8	11.27	18	5.51	28	3.88
9	10.12	19	5.27	29	3.78
10	9.19	20	5.05	30	3.69

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**NATIONAL WESTERN LIFE INSURANCE COMPANY**

**EXECUTIVE OFFICE, AUSTIN, TEXAS**

**FLEXIBLE PREMIUM - FLEXIBLE BENEFIT POLICY**

**READ YOUR POLICY CAREFULLY**

This policy is a FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY WITH EQUITY INDEX OPTIONS. The ADJUSTABLE DEATH BENEFIT is payable upon death of the Insured. Premiums are payable until the Insured's age 121. Thereafter, no further Monthly Deductions will be made. NONPARTICIPATING. **THIS IS ONLY A BRIEF DESCRIPTION. THE INSURANCE IS FULLY DESCRIBED IN VARIOUS PROVISIONS OF THE POLICY.**

**This policy is a legal contract between you and us.**